

10/28/2022

Consular Officer
U.S. Embassy
Panchsheel Marg, Shantipath,
Chanakyapuri, New Delhi,
India

Dear Consular Officer,

Sub: Invitation letter for a tourist visa (B2): Vinny Malik

My name is Himanshu Malik, and I am currently a Senior Consultant at Deloitte & Touche LLP, Pleasanton, California. I am on my H1B visa and residing at 405 Rancho Arroyo Pkwy, Apt 382, Fremont, California 94536. I am writing this letter to invite my sister, Vinny Malik, to visit us and meet her nephew, Veeraj Malik, born on 9/23/2022, in Mountain View, California.

Vinny will be visiting the USA for one month starting November 15, 2022, and I will bear all her traveling, accommodation, and living expenses during her stay.

I'm sharing the following documents here:

- Copy of my Passport (photo page)
- Copy of I-797A, H1B approval Notice
- Copy of Birth Certificate, Veeraj Malik

Thank you for your time and consideration of Vinny's visa application. Should you require any additional information, please do not hesitate to contact me.

Sincerely,
Himanshu Malik
hmalik11@fordham.edu
+1 (646) 226-4708

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17/01/2031

18/01/2021

DELHI

Journal of Interpersonal Violence 26(10)

© 2007 Blackwell Publishing Ltd *Journal of Internal Medicine* 261: 103–110

GURGAON, HARYANA

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2664/80/L2

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HIMANSHU

PROBING LAWYERS / July 2004

MALIK



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INDIA / REPUBLIC OF INDIA



THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY U.S. CITIZENSHIP AND IMMIGRATION SERVICES



Receipt Number SRC2136150564		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 09/30/2021	Priority Date	Petitioner DELOITTE & TOUCHE LLP.
Notice Date 10/06/2021	Page 1 of 2	Beneficiary MALIK, HIMANSHU

DELOITTE & TOUCHE LLP c/o ROBERT DEMOSS II SEYFARTH SHAW LLP 1075 PEACHTREE ST N E STE 2500 ATLANTA GA 303093958	Notice Type: Approval Notice Class: H1B Valid from 10/06/2021 to 09/30/2024
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The above petition and accompanying request for a change of status have been approved. The status of the named beneficiary(ies) in this classification is valid as indicated on the I-94 attached below. The beneficiary(ies) can work for the petitioner pursuant to this approval notice, but only as detailed in the petition and during the petition validity period indicated above, unless otherwise authorized by law. Changes in employment or training may require you to file a new Form I-129, Petition for a Nonimmigrant Worker.

The dates in the I-94 attached below might not be for the same dates as the petition validity dates above because the I-94 below may contain a grace period of up to 10 days before and up to 10 days after the petition validity period for the following classifications: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-1S, P-2, P-2S, P-3, P-3S, TN-1, and TN-2. An I-94 for H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the petition validity period. However, the beneficiary(ies) may not work during such grace periods, unless otherwise authorized by law. The decision to grant a grace period and the length of the granted grace period is discretionary, final, and cannot be contested on motion or appeal. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the beneficiary(ies). The beneficiary(ies) should keep the right part (the I-94 portion) with his or her other Forms I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. The left part is for his or her records. A person granted a change of status who leaves the U.S. and is not visa-exempt must normally obtain a visa in the new classification before returning. The left part can be used when applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry based on this approval notice at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

The approval of this petition does not guarantee that the beneficiary(ies) will be found to be eligible for a visa, for admission to the United States (if traveling abroad and seeking re-admission), or for a subsequent extension of stay, change of status, or adjustment of status.

THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

Texas Service Center U. S. CITIZENSHIP & IMMIGRATION SVC 6046 N Belt Line Rd., STE 110 Irving TX 75038-0012 USCIS Contact Center: www.uscis.gov/contactcenter	
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PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# SRC2136150564

I-94# 634816142 A2

NAME MALIK, HIMANSHU

CLASS H1B

VALID FROM 10/06/2021 **UNTIL** 09/30/2024

PETITIONER

DELOITTE & TOUCHE LLP,
1700 MARKET ST
PHILADELPHIA PA 191033984

634816142 A2

Receipt Number SRC2136150564

US Citizenship and Immigration Services

I94 Departure Record

Petitioner: DELOITTE & TOUCHE LLP

14. Family Name MALIK	
15. First (Given) Name HIMANSHU	16. Date of Birth 08/21/1992
17. Country of Citizenship INDIA	

UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION

DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES



Receipt Number SRC2136150564		Case Type H-29 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 09/30/2021	Priority Date	Petitioner DELOITTE & TOUCHE LLP,
Notice Date 10/06/2021	Page 2 of 2	Beneficiary MALIK, HIMANSHU

The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO) at the Small Business Administration. The ONO assists small businesses with issues related to federal regulations. If you are a small business with a comment or complaint about regulatory enforcement, you may contact the ONO at www.sba.gov/ombudsman or phone 202-205-2417 or fax 202-481-5719.

NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

Copy

Please see the additional information on the back. You will be notified separately about any other cases you filed.

Texas Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
6046 N Belt Line Rd., STE 110
Irving TX 75038-0012
Customer Service Telephone: 800-375-5283



PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

RECEIPT INTENTIONALLY LEFT BLANK

I-94#

NAME INTENTIONALLY LEFT BLANK

CLASS INTENTIONALLY LEFT BLANK
VALID FROM UNTIL

PETITIONER INTENTIONALLY LEFT BLANK

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RECEIPT INTENTIONALLY LEFT BLANK

US Citizenship and Immigration Services
INTENTIONALLY LEFT BLANK

I-94 Departure Record
Petitioner: INTENTIONALLY LEFT BLANK

14. Family Name INTENTIONALLY LEFT BLANK

15. First (Given) Name INTENTIONALLY LEFT BLANK

16. Date of Birth

17. Country of Citizenship INTENTIONALLY LEFT BLANK

COUNTY of SANTA CLARA

SAN JOSE, CALIFORNIA

1202243016755

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST VEERAJ	1B. MIDDLE -	1C. LAST MALIK
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -
PLACE OF BIRTH	4A. DATE OF BIRTH - MM/DD/CCYY 09/23/2022	4B. HOUR - 24 HOUR CLOCK TIME 0247	
	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY EL CAMINO HOSPITAL	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 2500 GRANT RD	
NAME OF PARENT	5C. CITY MOUNTAIN VIEW	5D. COUNTY SANTA CLARA	
	6A. NAME OF PARENT - FIRST HIMANSHU	6B. MIDDLE -	6C. LAST - BIRTH NAME MALIK
NAME OF PARENT	6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7. BIRTHPLACE - STATE/ COUNTRY INDIA	8. DATE OF BIRTH 08/21/1992
	9A. NAME OF PARENT - FIRST YINGYI	9B. MIDDLE -	9C. LAST - BIRTH NAME FU
INFORMANT AND BIRTH CERTIFICATION	9D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	10. BIRTHPLACE - STATE/ COUNTRY CHINA	11. DATE OF BIRTH 05/16/1990
	1. I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	12A. PARENT OR OTHER INFORMANT - SIGNATURE HIMANSHU MALIK	12B. RELATIONSHIP TO CHILD FATHER
LOCAL REGISTRAR	1. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE ANGELA LABITAD, BIRTH CLERK	13B. LICENSE NUMBER A137156
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT POOJA GUPTA, MD 2495 HOSPITAL DR SUITE 670, MOUNTAIN VIEW, CA 94040	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT ANGELA LABITAD, BIRTH CLERK	15. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 09/26/2022
	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE SARA H. CODY, MD



* R 2 5 2 5 3 2 0 *

DATE ISSUED OCT 12 2022

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SANTA CLARA
This is a true and exact reproduction of the document
officially registered and placed on file in the Office of the
Santa Clara County Clerk-Recorder.Regina Alcomendras
REGINA ALCOMENDRAS
COUNTY CLERK-RECORDER