




Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) SRIVASTAVA	First Name (Given Name) HIMANSHU	M.I. S	Citizenship/Immigration Status 4
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title Foreign passport, work-authorized nonimmigrant		Document Title N/A		Document Title N/A
Issuing Authority India		Issuing Authority N/A		Issuing Authority N/A
Document Number M7373505		Document Number N/A		Document Number N/A
Expiration Date (if any) (mm/dd/yyyy) 03/10/2025		Expiration Date (if any) (mm/dd/yyyy) N/A		Expiration Date (if any) (mm/dd/yyyy) N/A
Document Title Form I-94/I-94A		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div> 		
Issuing Authority U.S. Customs and Border Protection				
Document Number 449196092A2				
Expiration Date (if any) (mm/dd/yyyy) 08/31/2021				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)				City or Town	State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name) NA	First Name (Given Name) NA	Middle Initial N/A	Date (mm/dd/yyyy) N/A	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title Receipt replacement foreign passport with Form I-94, endorsement	Document Number 449196092A2	Expiration Date (if any) (mm/dd/yyyy) 08/31/2021
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative VIJAY D'SOUZA
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