

Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE - Type or print in black ink.

Part 1. Petitioner Information

(If the employer is an individual, complete Number 1; Organizations complete Number 2.) Use the mailing address of the petitioner.

1. Legal Name of Employer:

a. Last Name (*Family Name*)

b. First Name (*Given Name*)

c. Full Middle Name

2. Company or Organization:

Name of Company or Organization

Deloitte Consulting LLP

3. Mailing Address:

a. C/O: (*In Care Of, if any*)

Shelley Lancaster, Lead Specialist, HR, Deloitte Services LP, as agent,

b. Street Number and Name

1700 Market Street

c. Suite/Apt. Number

d. City

Philadelphia

e. State/Province

PA

f. Country

USA

g. Zip/Postal Code

19103

h. Telephone Number (include area code) (*Do not leave spaces or type any special characters*)

2152462300

i. E-Mail Address

slancaster@deloitte.com

j. Federal Employer Identification Number

06-1454513

k. Individual Tax Number

l. Social Security Number

Receipt

Class: _____

of Workers: _____

Job Code: _____

Validity Dates: _____

From: _____

To: _____

Classification Approved

Consulate/POE/PFI Notified

At _____

Extension Granted

COS/Extension Granted

Partial Approval (*explain*)

Action Block



Part 2. Information About This Petition (See instructions for fee information.)

1. Requested Nonimmigrant Classification (Write classification symbol): H-1B

2. Basis for Classification (Check one):

- a. New employment.
- b. Continuation of previously approved employment without change with the same employer.
- c. Change in previously approved employment.
- d. New concurrent employment.
- e. Change of employer.
- f. Amended petition.

3. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "N/A."

N/A

4. Requested Action (Check one):

- a. Notify the office in Part 4 so each beneficiary can obtain a visa or be admitted. (NOTE: A petition is not required for an E-1, E-2, H-1B1 Chile/Singapore, or TN visa.)
- b. Change each beneficiary's status and extend their stay since he, she, or they are all now in the U.S. in another status (see instructions for limitations). This is available only where you check "New Employment" in Item 2, above.
- c. Extend the stay of each beneficiary since he, she, or they now hold this status.
- d. Amend the stay of each beneficiary since he, she, or they now hold this status.
- e. Extend the status of a nonimmigrant classification based on a Free Trade Agreement. (See Free Trade Supplement for TN and H1B1 to Form I-129.)
- f. Change status to a nonimmigrant classification based on a Free Trade Agreement. (See Free Trade Supplement for TN and H1B1 to Form I-129.)

5. Total number of workers in petition (See instructions relating to when more than one worker can be included.): One (1)



Part 3. Beneficiary Information: Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the continuation sheet to name each beneficiary included in this petition.

1. If an Entertainment Group, Give the Group Name

N/A

a. Family Name (Last Name)

Motwani

b. Given Name (First Name)

Ishaan Dilip

c. Full Middle Name

d. All Other Names Used (include aliases, maiden name and names from all previous marriages)

Ishaan Dilipsoni Motwani

e. Date of Birth (mm/dd/yyyy)

10/17/1989

f. Gender

Male

Female

g. U.S. Social Security Number (if any)

N/A

h. A-Number (if any)

A-N/A

i. Country of Birth

India

j. Province of Birth

MAHARASHTRA

k. Country of Citizenship

India

2. If in the United States, complete the following:

a. Date of Last Arrival
(mm/dd/yyyy)

N/A

b. I-94 Number (Arrival/Departure Document)

N/A

c. Current Nonimmigrant Status

N/A

d. Date Status Expires
(mm/dd/yyyy) or D/S

N/A

e. Student & Exchange Visitor Information
System (SEVIS) Number (if any)

N/A

f. Employment Authorization Document (EAD)
Number (if any)

N/A

g. Passport Number

N/A

h. Date Passport Issued
(mm/dd/yyyy)

N/A

i. Date Passport Expires
(mm/dd/yyyy)

N/A

j. Current U.S. Address (if applicable)

N/A

Part 4. Processing Information

1. If the beneficiary or beneficiaries named in Part 3 is/are outside the United States or a requested extension of stay or change of status cannot be granted, state the U.S. consulate or inspection facility you want notified if this petition is approved.

a. Type of Office (Check one): Consulate Pre-flight inspection Port of Entry

b. Office Address (City)

Mumbai

c. U.S. State or Foreign Country

India

d. Beneficiary's Foreign Address

A/4, REGENCY GARDEN, NEAR POORNIMA TALKIES, MURBAD ROAD, KALYAN, MAHARASHTRA, India, 421301



Part 4. Processing Information (Continued)

2. Does each person in this petition have a valid passport?	<input type="checkbox"/> Not required to have passport	<input type="checkbox"/> No - Go to Page 7, Part 9 and write your explanation	<input checked="" type="checkbox"/> Yes
3. Are you filing any other petitions with this one?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - How many? _____		
4. Are applications for replacement/initial I-94s being filed with this petition?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - How many? _____	
5. Are applications by dependents being filed with this petition?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - How many? _____	
6. Is any beneficiary in this petition in removal proceedings?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - explain on Page 7, Part 9	
7. Have you ever filed an immigrant petition for any beneficiary in this petition?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - explain on Page 7, Part 9	
8. If you indicated you were filing a new petition in Part 2 within the past 7 years, has any beneficiary in this petition:			
a. Ever been given the classification you are now requesting?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - explain on Page 7, Part 9	
b. Ever been denied the classification you are now requesting?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - explain on Page 7, Part 9	
9. Have you ever previously filed a petition for this beneficiary?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - explain on Page 7, Part 9	
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least 1 year?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - explain on Page 7, Part 9	
11a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
11b. If yes to 11a, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.	N/A		

Part 5. Basic Information About the Proposed Employment and Employer (*Attach the supplement relating to the classification you are requesting.*)

1. Job Title	2. LCA or ETA Case Number
Consultant	I-200-15078-880569
3. Address where the beneficiary(es) will work if different from address in Part 1. (<i>Street number and name, city/town, state, zip code</i>)	1700 Market Street Philadelphia, PA 19103 and a client site located in Indianapolis, IN
4. Is an itinerary included with the petition? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	5. Will the beneficiary work off-site? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes



Part 5. Basic Information About the Proposed Employment and Employer (*Attach the supplement relating to the classification you are requesting.*) *(Continued)*

6. Will the beneficiary(ies) work exclusively in the CNMI? No Yes

7. Is this a full-time position?

No Yes If "No," Hours per week:

8. Wages per week or per year:

\$68,500/year

9. Other Compensation (*Explain*)

N/A

10. Dates of intended employment (*mm/dd/yyyy*): From: 10/01/2015 To: 09/17/2018

11. Type of Business

Management Consulting

12. Year Established

1996

13. Current Number of Employees in the U.S.

15,000

14. Gross Annual Income

\$7.1 Billion

15. Net Annual Income

N/A

Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(For H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions only. This section of the form is not required for all other classifications. See Page 3 of the Instructions before completing this section.)

Check Box 1 or Box 2 as appropriate:

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

1. A license is not required from either U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
2. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.



Part 7. Signature Read the information on penalties in the instructions before completing this section.

I certify, under penalty of perjury that this petition and the evidence submitted with it are true and correct to the best of my knowledge. I authorize the release of any information from my records, or from the petitioning organization's records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that supporting evidence submitted may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

Signature

Daytime Phone Number (Area/Country Code)

(215) 248-2300

Shelley Lancaster

Print Name

Date (mm/dd/yyyy)

3/23/15

Shelley Lancaster, Lead Specialist, HR, Deloitte Services LP, as agent,

NOTE: If you do not completely fill out this form and the required supplement, or fail to submit required documents listed in the instructions, the person(s) filed for may not be found eligible for the requested benefit and this petition may be denied.

Part 8. Signature of Person Preparing Form, If Other Than Above

I declare that I prepared this petition at the request of the above person and I certify that it is true and correct to the best of my knowledge.

Signature

Daytime Phone Number (Area/Country Code)

212-688-8555

Catherine Macris

Print Name

Date (mm/dd/yyyy)

3/21/15

Firm Name and Address

FRAGOMEN, DEL REY, BERNSON & LOEWY, LLP

7 HANOVER SQUARE

NEW YORK, NY 10004-2756



Part 9. Explanation Page

Part 5, Questions 4 & 5:

The beneficiary will report to the Deloitte Consulting office in Philadelphia, PA. While working on a client engagement in Indianapolis, IN, he will be managed and directly supervised by Deloitte Consulting personnel. As an organization with over \$7 billion in annual revenue, a widespread client base, a myriad of ongoing client engagements, and a history of bona fide participation in the H-1B program, Deloitte Consulting consistently acts in accordance with all appropriate regulations. Nonetheless, the nature of Deloitte Consulting's business and client relationships generally precludes the organization from forecasting employee assignments to client engagements with significant advance notice, thereby making exhaustive itineraries of services or engagements inappropriate. It is important to note that the beneficiary's employment and actual job duties are not contingent on any specific work assignments. A key to our success as a firm has been our ability to only hire individuals as necessary based upon our current business needs and, as permitted by USCIS' I-129 H-1B Standard Operating Procedures ("USCIS' H-1B SOPs"), according to our "sound business projections." (USCIS' Standard Operating Procedures for H-1B Adjudication, July 26, 2007, AILA Doc. No. 07072688). Should the H-1B beneficiary's ongoing assignment be completed before the end of the beneficiary's H-1B work authorization, we would immediately redeploy the beneficiary to another project requiring the beneficiary's expertise, and we would immediately take the requisite steps to ensure continued compliance with the H-1B regulations as necessary. Deloitte Consulting will obtain an LCA specific to each location where the beneficiary will be working prior to deployment, as appropriate.

Signature

Shelley Lancaster

Date (mm/dd/yyyy)

3/23/15

Print Name

Shelley Lancaster, Lead Specialist, HR, Deloitte Services LP, as agent,



H Classification
Supplement to Form I-129**1. Name of the petitioner**

Deloitte Consulting LLP

2. Name of the beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries

Ishaan Dilip Motwani

3. List each beneficiary's prior periods of stay in H or L classification in the United States for the last 6 years (beneficiaries requesting H-2A or H-2B classification need only list the last 3 years). Be sure to only list those periods in which each beneficiary was actually in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status.**NOTE:** Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification. If more space is needed, attach an additional sheet.

Subject's Name	Period of Stay (mm/dd/yyyy)	
	From	To
N/A		

4. Classification sought (Check one):

- a. H-1B Specialty Occupation e. H-2A Agricultural worker
 b. H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD) f. H-2B Non-agricultural worker
 c. H-1B3 Fashion model of national or international acclaim g. H-3 Trainee
 d. H-1C Registered Nurse h. H-3 Special education exchange visitor program

5. Are you filing this petition on behalf of an alien subject to the Guam-CNMI cap exemption under Public Law 110-229? No Yes**Section 1. Complete This Section If Filing for H-1B Classification****1. Describe the proposed duties**

Please see attached letter.

2. Beneficiary's present occupation and summary of prior work experience

Please see attached letter.



Section 1. Complete This Section If Filing for H-1B Classification (Continued)

Statement for H-1B specialty occupations only:

By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the beneficiary is assigned to a position in a new location I will obtain and post an LCA for that site prior to reassignment.

I further understand that I cannot charge the beneficiary the ACWIA fee, and that any other required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.

Signature of Petitioner

Print or Type Name

Date (mm/dd/yyyy)

8/23/15

Shelley Lancaster, Lead Specialist, HR, Deloitte Services LP, as agent

Statement for H-1B specialty occupations and U.S. Department of Defense projects:

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the alien abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of Authorized Official of Employer

Print or Type Name

Date (mm/dd/yyyy)

3/23/15

Shelley Lancaster, Lead Specialist, HR, Deloitte Services LP, as agent

Statement for H-1B U.S. Department of Defense projects only:

I certify that the beneficiary will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense.

Signature of DOD Project Manager

Print or Type Name

Date (mm/dd/yyyy)

Section 2. Complete This Section If Filing For H-1C Classification

I certify under penalty of perjury, under the laws of the United States of America, that this attachment and the evidence submitted with it is true and correct. If filing this petition on behalf of an organization or entity, I certify that I am empowered to do so by that organization or entity. I authorize the release of any information from my records, or from the petitioning organization or entity's records, that U.S. Citizenship and Immigration Services may need to determine eligibility for the benefit being sought.

Signature

Print or Type Name

Title

Date (mm/dd/yyyy)

Firm Name and Address



H-1B Data Collection and
Filing Fee Exemption Supplement

1. Name of the petitioner

Deloitte Consulting LLP

2. Name of the beneficiary

Ishaan Dilip Motwani

Part A. General Information

1. Employer Information - (check all items that apply)

- a. Is the petitioner an H-1B dependent employer? No Yes
- b. Has the petitioner ever been found to be a willful violator? No Yes
- c. Is the beneficiary an H-1B nonimmigrant exempt from the Dept. of Labor attestation requirements? No Yes
1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? No Yes
2. Or is it because the beneficiary has a master's or higher degree in a specialty related to the employment? No Yes
- d. Has the petitioner received TARP funding (provide explanation on Page 7, Part 9 if the petitioner has subsequently repaid all TARP funding)? No Yes
- e. Does the petitioner employ 50 or more individuals in the U.S.? No Yes
- If yes, are more than 50% of those employees in H-1B or L nonimmigrant status? No Yes

2. Beneficiary's Highest Level of Education (Check one box below)

- a. NO DIPLOMA f. Bachelor's degree (for example: BA, AB, BS)
- b. HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (example: GED) g. Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- c. Some college credit, but less than 1 year h. Professional degree (for example: MD, DDS, DVM, LLB, JD)
- d. One or more years of college, no degree i. Doctorate degree (for example: PhD, EdD)
- e. Associate's degree (for example: AA, AS)

3. Major/Primary Field of Study

Electronic Engineering

4. Rate of Pay Per Year

\$68,500

5. DOT Code

0 3 9

6. NAICS Code

5 4 1 6 1 0

Part B. Fee Exemption Determination

In order for USCIS to determine if you must pay the additional \$1,500 or \$750 American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions:

- No Yes 1. Are you an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)?
- No Yes 2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)?
- No Yes 3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)?
- No Yes 4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien?
- No Yes 5. Is this an amended petition that does not contain any request for extensions of stay?



Part B. Fee Exemption and/or Determination (Continued)

- No Yes 6. Are you filing this petition to correct a USCIS error?
- No Yes 7. Is the petitioner a primary or secondary education institution?
- No Yes 8. Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution?
- If you answered "Yes" to any of the questions above, you are only required to submit the fee for your H-1B Form I-129 petition. If you answered "No" to all questions, answer Question 9.
- No Yes 9. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization?
- If you answered "Yes," to Question 9 above, you are required to pay an additional ACWIA fee of \$750. If you answered "No," then you are required to pay an additional ACWIA fee of \$1,500.

NOTE: On or after March 8, 2005, a U.S. employer seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another U.S. employer, must submit an additional \$500 fee. This additional \$500 Fraud Prevention and Detection fee was mandated by the provisions of the H-1B Visa Reform Act of 2004. **There is no exemption from this fee.** You must include payment of this \$500 fee with your submission of this form. Failure to submit the fee when required will result in rejection or denial of your submission. *This \$500 fee must be paid by separate check or money order.*

For petitions postmarked on or after August 14, 2010, through September 30, 2014, an additional fee of \$2,000 must be submitted if you responded "yes" to both questions 1e of Part A of this supplement. This \$2,000 fee was mandated by the provisions of Public Law 111-230 and should be submitted by separate check or money order.

The Fraud Prevention and Detection Fee and the Public Law 111-230 fee do not apply to H-1B1 petitions. **These fees, when applicable, may not be waived.** You must include payment of the fee(s) with your submission of this form. Failure to submit the fee(s) when required will result in rejection or denial of your submission. *Each of these fee(s) should be paid by separate check(s) or money order(s).*

Part C. Numerical Limitation Information

1. Specify how this petition should be counted against the H-1B numerical limitation (a.k.a. the H-1B "Cap"). (Check one):

- a. CAP H-1B Bachelor's Degree c. CAP H-1B1 Chile/Singapore
- b. CAP H-1B U.S. Master's Degree or Higher d. CAP Exempt

2. If you answered question 1b "CAP H-1B U.S. Master's Degree or Higher," provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. 1001(a):

- a. Name of the U.S. institution of higher education

- b. Date Degree Awarded

- c. Type of U.S. Degree

- d. Address of the U.S. institution of higher education

3. If you answered question 1d "CAP Exempt," you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:

- a. The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act, of 1965, 20 U.S.C. 1001(a).



Part C. Numerical Limitation Exemption Information (Continued)

- b. The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a).
- c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(19)(iii)(C).
- d. The petitioner will employ the beneficiary to perform job duties at a qualifying institution (see a - e above) that directly and predominately furthers the normal, primary, or essential purpose, mission, objectives, or function of the qualifying institution, namely higher education or nonprofit or government research.
- e. The petitioner is requesting an amendment to or extension of stay for the beneficiary's current H-1B classification.
- f. The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(1)(1)(B) or (C) of the Act (commonly called a Conrad Medical Waiver).
- g. The beneficiary of this petition: (1) was previously granted status as an H-1B nonimmigrant in the past 6 years, (2) is applying from abroad to reclaim the remaining portion of the six years, or (3) is seeking a 7th year extension based upon AC21 and the beneficiary's previous H-1B petitioner/employer was not a CAP exempt organization as defined above in a., b., and c.
- h. The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.
- i. The petitioner is requesting a change of employer and the beneficiary previously worked as an H-1B for an employer subject to Guam-CNMI cap exemption pursuant to Public Law 110-229.

Part D. Off-Site Assignment of H-1B Beneficiaries

- No Yes a. The beneficiary of this petition will be assigned to work at an off-site location for all or part of the period for which H-1B classification sought.
- No Yes b. Placement of the beneficiary off-site during the period of employment will comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification.
- No Yes c. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations.

