

ORIGIN ID: BVA (017) 946-4800
SYED SHAHABODIN

2 S-APORT LANE
SUITE 300
BOSTON, MA 02210
UNITED STATES US

SHIP DATE: 15SEP23
ACT WT: 1.00 LB
CAD: 103-22399/NET4640

BILL SENDER

TO USGS NEBRASKA SERVICE CENTER

850 S STREET

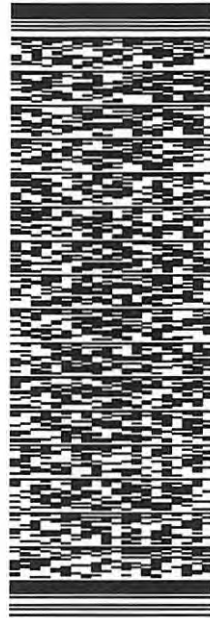
ROOM 129CAP

LINCOLN NE 68508

(000) 000-0000
INV: HANNA MANDRALESH
PO BOX 19-10-229
DEPT

REF: 03419-10-229

583J4/8B35/9AE3



MON - 18 SEP 10:30A

PRIORITY OVERNIGHT

TRK# 7734 2857 8547
0201

XX LNKA

68508
NE US OMA



After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits. see current FedEx Service Guide.

ORIGIN ID:BYVA (017) 946-4800
STED SHAHABODDIN

2 SEAPORT LANE
SUITE 300
BOSTON, MA 02210
UNITED STATES US

SHIP DATE: 13SEP23
ACTWGT: 1.00 LB
CND: 103422209NET4640

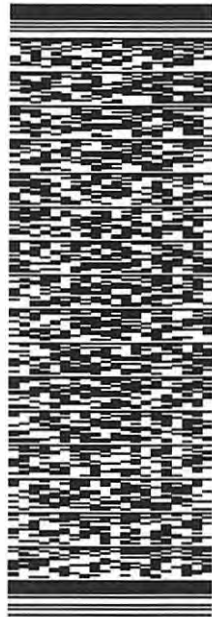
BILL SENDER

TO USCS NEBRASKA SERVICE CENTER

850 S STREET
ROOM 129CAP
LINCOLN NE 68508

(000) 000-0000 REF: 034119-107229
INV: 034119-107229
PO: 034119-107229

DEPT



583J48B35/9AE3

TRK# 7734 2857 8547
0201

MON - 18 SEP 10:30A
PRIORITY OVERNIGHT

XX LNKA

68508
NE US DMA



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Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.



Beneficiary Confirmation Number 2024-bc2d-dd50-7ea6		Case Type H-1B - H1B REGISTRATION
Received Date 03/07/2023	Priority Date	Prospective Petitioner Fidelity Technology Group, LLC
Notice Date 07/29/2023	Page 1 of 2	Beneficiary Khanna, Mansi Rajesh

Fidelity Technology Group, LLC
245 Summer Street
Boston MA 02210

Notice Type: Registration Selection

FY2024 Selection of Reserve Registration

Your company, Fidelity Technology Group, LLC, with an Employer Identification Number of 208636067, submitted a registration on behalf of Khanna, Mansi Rajesh (Date of Birth: 09/23/1995) for possible selection toward the FY2024 H-1B numerical cap projections.

This registration was selected. The Beneficiary Confirmation Number is 2024-bc2d-dd50-7ea6.

This registration was selected toward the number projected as needed to reach the **advanced degree exemption (master's cap)**. Based on this selected registration, your company is eligible to file a corresponding H-1B petition between **08/02/2023** and **10/31/2023** at the following location:

Nebraska Service Center

Please see the "Direct Filing Addresses for Form I-129, Petition for a Nonimmigrant Worker" webpage (<https://www.uscis.gov/i-129-addresses>) for the appropriate address for the service center identified above that matches your petition type and mail carrier.

You must include a copy of this selection notice with your petition.

This notice is only valid for the FY2024 H-1B numerical allocations and for the company and beneficiary named below:

Company: Fidelity Technology Group, LLC
D/B/A: Fidelity Investments
EIN: 208636067
Beneficiary: Khanna, Mansi Rajesh
DOB: 09/23/1995
Passport Number: N1258048

Your company may not substitute the beneficiary named in the registration or transfer the registration to another petitioner. If you file an H-1B cap-subject petition for a different beneficiary than the one identified in the selected registration notice submitted with the petition, the H-1B cap-subject petition will be denied or rejected.


USCIS will deny or reject the H-1B cap-subject petition if it is not properly filed within the filing period indicated above at the filing location indicated above.

Ensure that any information provided during the electronic registration process matches the information provided on the petition. If any information does not match, you should provide an explanation with your petition and supporting documentation as to why there was a change or why the information does not match. If information on the registration and petition does not match, USCIS may reject or deny the petition.

For additional information regarding the H-1B numerical cap, and exemptions from the numerical cap, please visit the USCIS website.

Information concerning USCIS forms and filing instructions is available from the USCIS Forms Request Line, 1-800-870-3676 (Toll Free), or on the USCIS internet website at www.uscis.gov.

USCIS Contact Center: www.uscis.gov/contactcenter





Seyfarth Shaw LLP
2 Seaport Lane - Seaport East
1200
Boston, Massachusetts 02210-2028
(617) 946-4800
fax (617) 946-4801

www.seyfarth.com

THIS SUBMISSION CONTAINS CONFIDENTIAL COMMERCIAL INFORMATION.
PER FOIA [5 U.S.C. §552 (b)(4)] SUBMITTER REQUESTS PREDISCLOSURE
NOTIFICATION PER PRESIDENTIAL EXECUTIVE ORDER NO. 12,600, 52 Fed.
Reg. 23781 (June 23, 1987).

September 15, 2023

VIA FEDERAL EXPRESS

USCIS Nebraska Service Center
850 'S' Street
Room 129CAP
Lincoln, NE 68508

PREMIUM PROCESSING REQUESTED

Re:	Request for H-1B Status
Petitioner:	Fidelity Investments
Beneficiary:	KHANNA, Mansi Rajesh
Specialty Occupation:	Software Engineer/Developer
H-1B Registration #:	2024-bc2d-dd50-7ea6

Dear Sir or Madam:

The Petitioner seeks to employ the Beneficiary in the position of Software Engineer/Developer. The position Software Engineer/Developer is a "specialty occupation" as defined at 8 C.F.R. §214.2(h)(4)(ii). The Beneficiary holds a Master of Science degree in Information Technology from Rutgers, The State University of New Jersey (United States) and a Bachelor of Engineering degree in Electronics Engineering from the University of Mumbai (India). The Beneficiary is thus qualified to perform a specialty occupation as described at 8 C.F.R. §214.2(h)(4)(iii)(C). Please find the following enclosed in support of the referenced petition and change of status request:

- **Form I-907** - Request for Premium Processing Service and payment of the \$2,500.00 expedite fee.
- **Form G-28** - Notice of Entry of Appearance and payments in the amounts of \$460.00 for the filing fee, \$1,500.00 for the supplemental fee, and \$500.00 for the fraud prevention fee.

- **Form I-129 and H Supplement** - Petition for a Nonimmigrant Worker, including a detailed statement from the Petitioner (1) **confirming that the Software Engineer/Developer position is a specialty occupation**, (2) **summarizing the terms of the Beneficiary's employment with Petitioner**, and (3) **explaining how the Beneficiary is qualified to perform the specialty occupation**.
- **Form I-129 H-1B Data Collection Supplement** - H-1B Data Collection and Filing Fee Exemption.

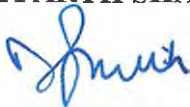
Please find the following additional documents enclosed in support of the referenced petition and change of status request:

1. Copy of Beneficiary's current I-94 admission record.
2. Copy of Beneficiary's Employment Authorization Document (EAD card) and copy of Beneficiary's Form I-20 AB.
3. Labor Condition Application approved by the U.S. Department of Labor for the position of Software Engineer/Developer.
4. Letter in support of the Petition from Petitioner describing in detail the job duties of the specialty occupation and the qualifications of the Beneficiary to perform the specialty occupation.
5. Copy of Petitioner's 2022 Annual Report.
6. Copy of Beneficiary's current passport biographic page.
7. Copy of Beneficiary's Master of Science degree in Information Technology from Rutgers, The State University of New Jersey (United States) and a Bachelor of Engineering degree in Electronics Engineering from the University of Mumbai (India).
8. Copy of Beneficiary's most recent pay records confirming continued employment.

Please contact me at (617) 946-4815 if you have any questions regarding the petition and change of status request.

Sincerely,

SEYFARTH SHAW LLP



Deborah L. Smith

DLS/ss

cc: Adelina Tederick (w/ enclosures)
Mansi Rajesh Khanna (w/ enclosures)

SEYFARTH SHAW LLP
Attorneys

233 SOUTH WACKER DRIVE CHICAGO, ILLINOIS 60606

CHECK NO.

721311

REF. #	INVOICE NUMBER	DATE	INV. AMT.	INVOICE DESCRIPTION	AMOUNT PAID
21056236	COD-72303-171621	09-05-23	2,500.00	Yasmine Tebib - KHANNA, MANSI RAJESH/ - 034119-107229	2,500.00

CHECK DATE

09/05/23



CHECK NO.

721311

2-60/710

Bank of America
Chicago, IL 60661

233 South Wacker Drive Suite 8000 Chicago, IL 60606-6448

GENERAL ACCOUNT

CHECK AMOUNT

\$****2,500.00

TWO THOUSAND FIVE HUNDRED AND 00/100 Dollars

PAY
TO THE
ORDER OF

DEPARTMENT OF HOMELAND SECURITY

Seyfarth Shaw LLP

UNDER \$5000 ONE SIGNATURE
VOID AFTER 180 DAYS

⑈ 7 2 1 3 1 1 ⑈ ⑆ 0 7 1 0 0 0 5 0 5 ⑆ 5 2 0 1 7 4 3 3 5 7 ⑈



Request for Premium Processing Service

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

USCIS
Form I-907
OMB No. 1615-0048
Expires 11/30/2025

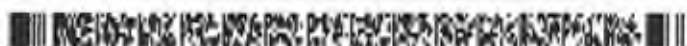
For USCIS Use Only	Request Physically Received by USCIS	Returned	Resubmitted	Receipt
	Date	Date	Date	
	Date	Date	Date	Action Block
Remarks				

To be completed by an attorney or accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Attorney State Bar Number (if applicable) CT - 441226; DC - 1718945	Attorney or Accredited Representative USCIS Online Account Number (if any) None
---	--	---	---

► **START HERE** - Type or print in black ink.

Part 1. Information About the Person Filing This Request

- Alien Registration Number (A-Number) (if any)
► A- None
- USCIS Online Account Number (if any)
► None
- Family Name (Last Name) Given Name (First Name) Middle Name
N/A N/A N/A
- Company or Organization Named in the Related Case (If filed on behalf of a company or organization)
Fidelity Investments
- Mailing Address
In Care Of Name
Deborah L. Smith, Seyfarth Shaw LLP
Street Number and Name Apt. Ste. Flr. Number
2 Seaport Lane - Seaport East ☐ ☒ ☐ 1200
City or Town State ZIP Code [USPS ZIP Code Lookup](#)
Boston MA 02210
Province Postal Code Country
United States
- Is your current mailing address the same as your physical address? ☒ Yes ☐ No
If you answered "No" to Item Number 6., provide your physical address in Item Number 7.



Part 1. Information About the Person Filing This Request (continued)**7. Physical Address**

Street Number and Name

N/A

Apt. Ste. Flr. Number

☐☐☐

City or Town

State

ZIP Code

Province

Postal Code

Country

8. Request for Premium Processing Service (select only one box):

- ☐ I am the **petitioner** who is filing or has filed a petition eligible for Premium Processing Service.
- ☒ I am the attorney or accredited representative **for the petitioner** who is filing or has filed a petition eligible for Premium Processing Service. (Complete and submit Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, if Form G-28 or Form G-28I has not been submitted with the petition.)
- ☐ I am the **applicant** who is filing or has filed an application eligible for Premium Processing Service.
- ☐ I am the attorney or accredited representative **for the applicant** who is filing or has filed an application eligible for Premium Processing Service. (Complete and submit Form G-28 or Form G-28I, if Form G-28 or Form G-28I has not been submitted with the application.)

Part 2. Information About the Request

1. Form Number of Related Petition or Application 2. Receipt Number of Related Petition or Application 3. Classification or Eligibility Requested

I-129

I-129

H-1B

4. Petitioner or Applicant in the Related Case

Family Name (Last Name)

Given Name (First Name)

Middle Name

N/A

N/A

N/A

5. Beneficiary in the Related Case

Family Name (Last Name)

Given Name (First Name)

Middle Name

KHANNA

Mansi Rajesh

--

6. Name of Point of Contact for the Company or Organization

Family Name (Last Name)

Given Name (First Name)

Middle Name

Tederick

Adelina

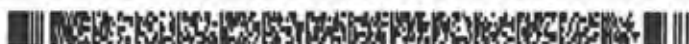
--

Position Title

Senior Immigration Specialist

7. Company or Organization IRS Employer Identification Number (EIN) (if any)

20-8636067



Part 2. Information About the Request (continued)

8. Address of Petitioner, Applicant, Company, or Organization Named in Related Case

Street Number and Name

Fidelity Investments: 245 Summer Street

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Boston

State

MA

ZIP Code

02210

Province

Postal Code

Country

United States

Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-907 Instructions before completing this section.

I understand that U.S. Citizenship and Immigration Services (USCIS) will refund the Premium Processing Service fee to the person listed in **Part 1.** of this request if USCIS does not take an action on the related case within the applicable processing timeframe. I understand that case actions include a referral for investigation of suspected fraud, misrepresentation, or the issuance of an approval notice, a request for evidence, a notice of intent to deny, or a denial notice.

Requestor's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Requestor's Statement Regarding the Interpreter

- A. ☒ I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B. ☐ The interpreter named in **Part 4.** read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Requestor's Statement Regarding the Preparer

- ☐ At my request, the preparer named in **Part 5.**, , prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

3. Requestor's Daytime Telephone Number

(617) 946-4815

4. Requestor's Mobile Telephone Number (if any)

5. Requestor's Fax Number (if any)

(617) 790-5374

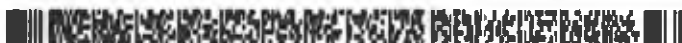
6. Requestor's Email Address (if any)

dsmith@seyfarth.com

Requestor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

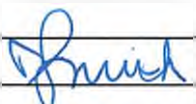
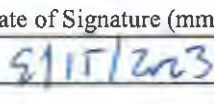
I furthermore authorize release of information contained in this request, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.



Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature (continued)

I certify, under penalty of perjury, that all of the information in my request and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my request and that all of this information is complete, true, and correct.

Requestor's Signature

7. Requestor's Signature  Date of Signature (mm/dd/yyyy) 

NOTE TO ALL REQUESTORS: If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name Apt. ☐ Ste. ☐ Flr. ☐ Number
City or Town State ZIP Code
Province Postal Code Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 3, Item B. in Item Number 1.**, and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Requestor's Declaration and Certification**, and has verified the accuracy of every answer.



Part 4. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

7. Interpreter's Signature Date of Signature (mm/dd/yyyy)
-
-

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
-
-
2. Preparer's Business or Organization Name (if any)
-

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
-
-
-
-
-
- City or Town State ZIP Code
-
-
-
- Province Postal Code Country
-
-
-

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)
-
-
6. Preparer's Email Address (if any)
-

Preparer's Statement

- 7.A. ☐ I am not an attorney or accredited representative but have prepared this request on behalf of the requestor with the requestor's consent.
- B. ☐ I am an attorney or accredited representative and my representation of the requestor in this case
- ☐ extends ☐ does not extend beyond the preparation of this request.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28 or Form G-28I with this request.



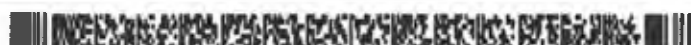
Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Requestor's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ▶ A-

3.A. Page Number 3.B. Part Number 3.C. Item Number

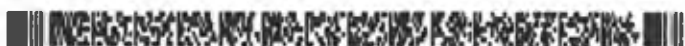
3.D.

4.A. Page Number 4.B. Part Number 4.C. Item Number

4.D.

5.A. Page Number 5.B. Part Number 5.C. Item Number

5.D.



SEYFARTH SHAW LLP
Attorneys

233 SOUTH WACKER DRIVE CHICAGO, ILLINOIS 60606

CHECK NO.

721314

REF. #	INVOICE NUMBER	DATE	INV. AMT.	INVOICE DESCRIPTION	AMOUNT PAID
21056239	COD-72303-171624	09-05-23	500.00	Yasmine Tebib - KHANNA, MANSI RAJESH/ - 034119-10/229	500.00

CHECK DATE

09/05/23

Bank of America
Chicago, IL 60661



233 South Wacker Drive Suite 8000 Chicago, IL 60606-6448

CHECK NO.

721314

2-507710

GENERAL ACCOUNT

CHECK AMOUNT

\$*****500.00

FIVE HUNDRED AND 00/100 Dollars

PAY
TO THE
ORDER OF

DEPARTMENT OF HOMELAND SECURITY

Seyfarth Shaw LLP

A handwritten signature in black ink, appearing to read 'PC Hills', written over a horizontal line.

UNDER \$5000 ONE SIGNATURE

VOID AFTER 180 DAYS

⑈ 7 2 1 3 1 4 ⑈ ⑆ 0 7 1 0 0 0 5 0 5 ⑆ 5 2 0 1 7 4 3 3 5 7 ⑈



Notice of Entry of Appearance
as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)



Name of Attorney or Accredited Representative

2.a. Family Name
(Last Name)

Smith

2.b. Given Name
(First Name)

Deborah

2.c. Middle Name

L.

Address of Attorney or Accredited Representative

3.a. Street Number
and Name

2 Seaport Lane - Seaport East

3.b. ☐ Apt. ☒ Ste. ☐ Flr.

1200

3.c. City or Town

Boston

3.d. State

MA

3.e. ZIP Code

02210

3.f. Province

3.g. Postal Code

3.h. Country

United States

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

(617) 946-4815

5. Mobile Telephone Number (if any)

6. Email Address (if any)

dlsmith@seyfarth.com

7. Fax Number (if any)

(617) 790-5374

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

- 1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

CT Supreme Court; DC Court of Appeals

1.b. Bar Number (if applicable)

CT - 441226; DC - 1718945

- 1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

Seyfarth Shaw LLP

- 2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

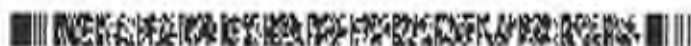
2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

- 4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
I-129 (KHANNA, Mansi Rajesh)
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
4. Receipt Number (if any)
▶
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
☐ Applicant ☒ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name) TEDERICK
- 6.b. Given Name (First Name) Adelina
- 6.c. Middle Name --
- 7.a. Name of Entity (if applicable)
Fidelity Investments
- 7.b. Title of Authorized Signatory for Entity (if applicable)
Senior Immigration Specialist
8. Client's USCIS Online Account Number (if any)
▶
9. Client's Alien Registration Number (A-Number) (if any)
▶ A- None

Client's Contact Information

10. Daytime Telephone Number
(617) 946-4815
11. Mobile Telephone Number (if any)
12. Email Address (if any)
dlsmith@seyfarth.com•

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name 100-300 New Millennium Way
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr. ☐
- 13.c. City or Town Durham
- 13.d. State NC 13.e. ZIP Code 27709
- 13.f. Province ☐
- 13.g. Postal Code ☐
- 13.h. Country
United States

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select all applicable items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select Item Number 1.c.
- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

→ 

2.b. Date of Signature (mm/dd/yyyy)

9-14-23

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

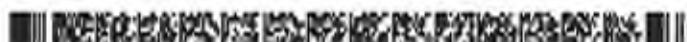


1.b. Date of Signature (mm/dd/yyyy)

9/15/2023

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name)

1.b Given Name (First Name)

1.c Middle Name

2.a Page Number 2.b Part Number 2.c Item Number

2.d.

4.a Page Number 4.b Part Number 4.c Item Number

4.d.

5.a Page Number 5.b Part Number 5.c Item Number

5.d.

3.a Page Number 3.b Part Number 3.c Item Number

3.d.

6.a Page Number 6.b Part Number 6.c Item Number

6.d.





Petition for a Nonimmigrant Worker

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 11/30/2025

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	<input type="checkbox"/> Classification Approved <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted		

► **START HERE - Type or print in black ink.**

Part 1. Petitioner Information

If you are an individual filing this petition, complete **Item Number 1**. If you are a company or an organization filing this petition, complete **Item Number 2**.

1. Legal Name of Individual Petitioner

Family Name (Last Name)	Given Name (First Name)	Middle Name
N/A	N/A	N/A

2. Company or Organization Name

Fidelity Investments

3. Mailing Address of Individual, Company or Organization

In Care Of Name			
Alicia Alonso Matos, Vice President, Associate General Counsel			
Street Number and Name		Apt. Ste. Flr. Number	
245 Summer Street, Mail Zone V4C		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	
City or Town		State	ZIP Code
Boston		MA	02210
Province	Postal Code	Country	
_____	_____	United States	

4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	Email Address (if any)
(617) 946-4815	_____	dlsmith@seyfarth.com

5. Other Information

Federal Employer Identification Number (FEIN)	Individual IRS Tax Number	U.S. Social Security Number (if any)
► 20-8636067	► N / A	► N / A



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

1. **Requested Nonimmigrant Classification** (Write classification symbol): **H-1B**
2. **Basis for Classification** (select **only one** box):
- ☒ 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 "None."** **I O E 9 2 9 8 3 3 5 3 5 8**
4. **Requested Action** (select **only one** box):
- ☐ a. Notify the office in **Part 4**, so each beneficiary can obtain a visa or be admitted. (NOTE: A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
- ☒ b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in **Item Number 2.**, above.
- ☐ c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- ☐ d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- ☐ e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
- ☐ f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
5. **Total number of workers included in this 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 Attachment-1 sheet to name each beneficiary included in this petition.)1. **If an Entertainment Group, Provide the Group Name**

N/A

2. **Provide Name of Beneficiary**

Family Name (Last Name)

KHANNA

Given Name (First Name)

Mansi Rajesh

Middle Name

--

3. **Provide all other names the beneficiary has used.** Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (Last Name)

KHANNA

Given Name (First Name)

Mansi

Middle Name

Rajesh Punam

KHANNA

Mansi

Rajesh

4. **Other Information**

Date of birth (mm/dd/yyyy)

09/23/1995

Gender

☐ Male☒ Female

U.S. Social Security Number (if any)

0 2 4 2 3 6 0 6 1

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

Alien Registration Number (A-Number) Country of Birth
▶ A- **N o n e** **India**

Province of Birth Country of Citizenship or Nationality
Maharashtra **India**

5. If the beneficiary is in the United States, complete the following:

Date of Last Arrival (mm/dd/yyyy) I-94 Arrival-Departure Record Number Passport or Travel Document Number
01/24/2022 ▶ **7 5 5 6 6 2 5 8 2 A 2** **N1258048**

Date Passport or Travel Document Issued (mm/dd/yyyy) Date Passport or Travel Document Expires (mm/dd/yyyy) Passport or Travel Document Country of Issuance
07/10/2015 **07/09/2025** **India**

Current Nonimmigrant Status Date Status Expires or D/S (mm/dd/yyyy)
F-1 **D/S**

Student and Exchange Visitor Information System (SEVIS) Number (if any) Employment Authorization Document (EAD) Number (if any)
N0031918154 **IOE-92-983-35358**

6. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)

Street Number and Name Apt. Ste. Flr. Number
20 Hubbar Avenue ☒ ☐ ☐ **11**
City or Town State ZIP Code
Cambridge **MA** **02140**

Part 4. Processing Information

1. If a 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 (select only one box): ☒ Consulate ☐ Pre-flight inspection ☐ Port of Entry

b. Office Address (City)

Mumbai (Bombay)

c. U.S. State or Foreign Country

India

d. Beneficiary's Foreign Address

Street Number and Name Apt. Ste. Flr. Number
Shimpoli Cross, Road Number 1, Anuja Apartment ☒ ☐ ☐ **18-B**

City or Town State
Mumbai

Province Postal Code Country
Maharashtra **400092** **India**

2. Does each person in this petition have a valid passport? ☒ Yes ☐ No. If no, go to **Part 9.** and type or print your explanation.

Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one?
☐ Yes. If yes, how many? ▶ ☒ No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at www.cbp.gov/i94 instead of filing an application for a replacement/initial I-94.
☐ Yes. If yes, how many? ▶ ☒ No
5. Are you filing any applications for dependents with this petition?
☐ Yes. If yes, how many? ▶ ☒ No
6. Is any beneficiary in this petition in removal proceedings?
☐ Yes. If yes, proceed to **Part 9.** and list the beneficiary's(ies) name(s). ☒ No
7. Have you ever filed an immigrant petition for any beneficiary in this petition?
☐ Yes. If yes, how many? ▶ ☒ No
8. Did you indicate you were filing a new petition in **Part 2.**?
☒ Yes. If yes, answer the questions below. ☐ No. If no, proceed to **Item Number 9.**
- a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☒ No
- b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☒ No
9. Have you ever previously filed a nonimmigrant petition for this beneficiary?
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☒ No
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☐ No N/A
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
☐ Yes. If yes, proceed to **Item Number 11.b.** ☒ No
- 11.b. If you checked yes in **Item Number 11.a.**, 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 (J-1) 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 Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title 2. LCA or ETA Case Number



Part 5. Basic Information About the Proposed Employment and Employer (continued)

3. Address where the beneficiary(ies) will work if different from address in **Part 1**.

Street Number and Name

Fidelity Investments: 245 Summer Street

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Boston

State

MA

ZIP Code

02210

4. Did you include an itinerary with the petition? ☐ Yes ☒ No
5. Will the beneficiary(ies) work for you off-site at another company or organization's location? ☐ Yes ☒ No
6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? ☐ Yes ☒ No
7. Is this a full-time position? ☒ Yes ☐ No

8. If the answer to **Item Number 7** is no, how many hours per week for the position? ▶

9. Wages: \$ 100,000.00 per (Specify hour, week, month, or year) ▶

Year

10. Other Compensation (Explain)

Standard Benefits.

11. Dates of intended employment From: (mm/dd/yyyy) 10/01/2023 To: (mm/dd/yyyy) 09/30/2026

12. Type of Business

Investments Management

13. Year Established

1946

14. Current Number of Employees in the United States

65,000

15. Gross Annual Income

\$25 Billion

16. Net Annual Income

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

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.

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 the 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. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition 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.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

1. Name and Title of Authorized Signatory

Family Name (Last Name)

Tederick

Given Name (First Name)

Adelina

Title

Immigration Specialist

2. Signature and Date

Signature of Authorized Signatory



Date of Signature (mm/dd/yyyy)

1-14-23

3. Signatory's Contact Information

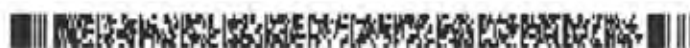
Daytime Telephone Number

(617) 946-4815

Email Address (if any)

dlsmith@seyfarth.com

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.



Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (Last Name)

Smith

Given Name (First Name)

Deborah

2. Preparer's Business or Organization Name (if any)

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

Seyfarth Shaw LLP

3. Preparer's Mailing Address

Street Number and Name

2 Seaport Lane - Seaport East

Apt. Ste. Flr. Number

☐☒☐

1200

City or Town

Boston

State

MA

ZIP Code

02210

Province

Postal Code

Country

United States

4. Preparer's Contact Information

Daytime Telephone Number

(617) 946-4815

Fax Number

(617) 790-5374

Email Address (if any)

dlsmith@seyfarth.com

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer



Date of Signature (mm/dd/yyyy)

9/15/2013



Part 9. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 9** to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number**, **Part Number** and **Item Number** corresponding to the additional information.

1. A-Number ► A-

2. **Page Number**

Part Number

Item Number

Addendum: (2nd Worksite)

Home Office: 20 Hubbar Avenue, Apt. #11, Cambridge, Massachusetts 02140, United States.

Throughout the entire validity period of this petition, Beneficiary will be directly employed for the Petitioner. In addition, Petitioner has also included the Beneficiary's home address to accommodate the Beneficiary when it becomes necessary for the Beneficiary to work from home. Please see attached support letter for duties to be performed at both locations.

3. **Page Number**

Part Number

Item Number

4. **Page Number**

Part Number

Item Number





H Classification Supplement to Form I-129

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 11/30/2025

1. Name of the Petitioner

Fidelity Investments

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

- 2.a. Name of the Beneficiary

Mansi Rajesh -- KHANNA

OR

- 2.b. Provide the total number of beneficiaries

3. List each beneficiary's prior periods of stay in H or L classification in the United States for the last six years (beneficiaries requesting H-2A or H-2B classification need only list the last three 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
Mansi Rajesh -- KHANNA	None	

4. Classification sought (select **only one** box):

- ☒ a. H-1B Specialty Occupation
- ☐ b. H-1B1 Chile and Singapore
- ☐ c. H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)
- ☐ d. H-1B3 Fashion model of distinguished merit and ability
- ☐ e. H-2A Agricultural worker
- ☐ f. H-2B Non-agricultural worker
- ☐ g. H-3 Trainee
- ☐ h. H-3 Special education exchange visitor program

5. If you selected a. or d. in Item Number 4., and are filing an H-1B cap petition (including a petition under the U.S. advanced degree exemption), provide the beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in this petition (if applicable).

2024-bc2d-dd50-7ea6

6. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229?
- ☐ Yes ☒ No



7. Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229?

☐ Yes ☒ No

8.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

☐ Yes. If yes, please explain in Item Number 8.b. ☒ No

8.b. Explanation

N/A

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

1. Describe the proposed duties.

See attached Support Letter

2. Describe the beneficiary's present occupation and summary of prior work experience.

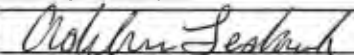
See attached Support Letter

Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore

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

→ 

Name of Petitioner

Adelina Tederick, Immigration Specialist

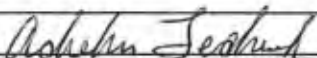
Date (mm/dd/yyyy)

9-14-23

Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) 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



Name of Authorized Official of Employer

Adelina Tederick, Immigration Specialist

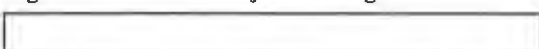
Date (mm/dd/yyyy)

9-14-23

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



Name of DOD Project Manager



Date (mm/dd/yyyy)







H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 11/30/2025

1. Name of the Petitioner

Fidelity Investments

2. Name of the Beneficiary

Mansi Rajesh -- KHANNA

Section 1. General Information

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

a. Is the petitioner an H-1B dependent employer?

☐ Yes ☒ No

b. Has the petitioner ever been found to be a willful violator?

☐ Yes ☒ No

c. Is the beneficiary an H-1B nonimmigrant exempt from the Department of Labor attestation requirements?

☒ Yes ☐ No

c.1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000?

☒ Yes ☐ No

c.2. Or is it because the beneficiary has a master's degree or higher degree in a specialty related to the employment?

☒ Yes ☐ No

d. Does the petitioner employ 50 or more individuals in the United States?

☒ Yes ☐ No

d.1. If yes, are more than 50 percent of those employees in H-1B, L-1A, or L-1B nonimmigrant status?

☐ Yes ☒ No

2. Beneficiary's Highest Level of Education (select only one box)

☐ a. NO DIPLOMA

☐ f. Bachelor's degree (for example: BA, AB, BS)

☐ b. HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (for example: GED)

☒ g. Master's degree (for example: MA, MS, 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

INFORMATION TECHNOLOGY AND ANALYTICS

4. Rate of Pay Per Year

\$100,000.00

5. DOT Code

0 3 0

6. NAICS Code

5 2 3 9 9 9

Section 2. Fee Exemption and/or 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:

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)?

☐ Yes ☒ No

2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in 8 CFR 214.2(h)(19)(iii)(B)?

☐ Yes ☒ No



Section 2. Fee Exemption and/or Determination (continued)

3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)? ☐ Yes ☒ No
4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien? ☐ Yes ☒ No
5. Is this an amended petition that does not contain any request for extensions of stay? ☐ Yes ☒ No
6. Are you filing this petition to correct a USCIS error? ☐ Yes ☒ No
7. Is the petitioner a primary or secondary education institution? ☐ Yes ☒ No
8. Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution? ☐ Yes ☒ No

If you answered yes to any of the questions above, you are not required to submit the ACWIA fee for your H-1B Form I-129 petition. If you answered no to all questions, answer **Item Number 9.** below.

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? ☐ Yes ☒ No

If you answered yes, to **Item Number 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: A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional **\$500** Fraud Prevention and Detection fee. For petitions filed on or after December 18, 2015, an additional fee of **\$4,000** must be submitted if you responded yes to **Item Numbers 1.d. and 1.d.1. of Section 1.** of this supplement. This **\$4,000** fee was mandated by the provisions of Public Law 114-113.

The Fraud Prevention and Detection Fee and Public Law 114-113 fee do not apply to H-1B1 petitions. **These fees, when applicable, may not be waived.** You must include payment of the fees when you submit this form. Failure to submit the fees when required will result in rejection or denial of your submission. Each of these fees should be paid by separate checks or money orders.

Section 3. Numerical Limitation Information

1. Specify the type of H-1B petition you are filing. (select **only one** box):

- ☐ 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 **Item Number 1.b. "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 United States Institution of Higher Education

Rutgers, The State University of New Jersey

- b. Date Degree Awarded

12/23/2022

- c. Type of United States Degree

Master of Science

- d. Address of the United States institution of higher education

Street Number and Name

175 University Avenue, Conklin Hall, Room #216

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Newark

State

NJ

ZIP Code

07102

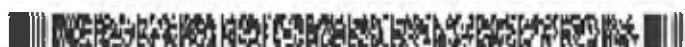


Section 3. Numerical Limitation Information (continued)

3. If you answered **Item Number 1.d. "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).
- ☐ b. The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in 8 CFR 214.2(h)(8)(ii)(F)(2).
- ☐ c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(ii)(F)(3).
- ☐ d. The beneficiary will be employed at a qualifying cap exempt institution, organization or entity pursuant to 8 CFR 214.2(h)(8)(ii)(F)(4).
- ☐ 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(l) of the Act.
- ☐ g. The beneficiary of this petition has been counted against the cap and (1) is applying for the remaining portion of the 6 year period of admission, or (2) is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21).
- ☐ h. The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.

Section 4. Off-Site Assignment of H-1B Beneficiaries

1. 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. ☐ Yes ☒ No
If no, do not complete **Item Numbers 2. and 3.**
2. 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. N/A ☐ Yes ☐ No
3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. N/A ☐ Yes ☐ No





For: **MANSI RAJESH KHANNA**

U.S. Customs and Border Protection

Securing America's Borders

Most Recent I-94

Admission (I-94) Record Number : 755662582A2**Most Recent Date of Entry: 2022 January 24****Class of Admission : F1****Admit Until Date : D/S****Details provided on the I-94 Information form:**

Last/Surname : KHANNA
First (Given) Name : MANSI RAJESH
Birth Date : 1995 September 23
Document Number : N1258048
Country of Citizenship : India

[Get Travel History](#)

► Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

► If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

► Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1551-0111
Expiration Date: 07/31/2023

[For inquiries or questions regarding your I-94, please click here](#)

[Accessibility](#) | [Privacy Policy](#)

FORM I-795

Rev. 02-2019

42554182

This card is not evidence of U.S. citizenship or permanent residence.

The Department of Homeland Security is responsible for the validity of this card.

You must carry this card with you at all times.

If found, drop in any US Mailbox. USPS; Mail to 7 Product Way, Lanham, MD 20646

1AUSA1411896231I0E9298335358<<

9509230F2312237IND<<<<<<<<<<<<<1

*KHANNA<<MANSI<RAJESH<<<<<<<<<<<<<

UNITED STATES OF AMERICA

EMPLOYMENT AUTHORIZATION

For the US

Given Name: KHANNA

USCIS# MANSI R

141-189-623

Category: C03B

Card#: I0E9298335358

Ind: 1

Post-Completion Opt: 12/24/22

23 SEP 1995 F

12/23/21

NOT VALID FOR HHS NIVY TTY 800-559-9999

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0031918154

MR NAME - PRIMARY NAME PREFERRED NAME COUNTRY OF BIRTH CITY OF BIRTH FORM ISSUE REASON	GIVEN NAME PASSPORT NAME COUNTRY OF CITIZENSHIP DATE OF BIRTH ADMISSION NUMBER	Class of Admission F-1 ACADEMIC AND LANGUAGE
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SCHOOL INFORMATION

SCHOOL NAME Rutgers, The State University of New Jersey Newark SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Maria Santos-Arenas International Services Advisor	SCHOOL ADDRESS International Student & Scholar Services, 115 University Ave., Franklin Hall, Room 216, Newark, NJ 07102 SCHOOL CODE AND APPROVAL DATE NEW214F00147003 28 JANUARY 2022
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PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S PROGRAM ENGLISH PROFICIENCY Required START OF CLASSES 01 SEPTEMBER 2021	MAJOR 1 Information Technology 11.6103 ENGLISH PROFICIENCY NOTES Student is proficient PROGRAM START/END DATE 01 SEPTEMBER 2021 - 23 DECEMBER 2022	MAJOR 2 None 00.0000 EARLIEST ADMISSION DATE 02 AUGUST 2021
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FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 39,805	Personal Funds	\$ 0
Living Expenses	\$ 25,195	Funds From This School	\$ 0
Expenses of Dependents (0)	\$ 0	Family Sponsor	\$ 68,000
Other	\$ 0	On-Campus Employment	\$ 0
TOTAL	\$ 65,000	TOTAL	\$ 68,000

REMARKS

Post-Completion OPT recommendation. The student will seek and engage in employment and practical training in their major field of study.

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(d)(6). I am a designated official of the above named school and am authorized to issue this form.

X SIGNATURE OF: Maria Santos-Arenas, International Services Advisor	DATE ISSUED 07 November 2022	PLACE ISSUED Newark, NJ
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STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X SIGNATURE OF: MATEO, FRANCISCO	DATE 11/07/2022
NAME OF PARENT OR GUARDIAN	SIGNATURE
ADDRESS (city/state or province/country)	DATE

SEVIS ID: N0031918154 (F-1)

NAME: MANSI KHANNA

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
PART-COMPLETION OPT	FULL TIME	PROBATION	24 DECEMBER 2022	23 DECEMBER 2023

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

TYPE	START DATE	END DATE
TO COMPLETE COURSE OF STUDY IN CURRENT TERM	06 SEPTEMBER 2022	23 DECEMBER 2022

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
06 SEPTEMBER 2022	23 DECEMBER 2022

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20, 2) a valid F-1 visa (unless you are exempt from visa requirements), 3) a valid passport, and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization, 2) severe and unexpected economic hardship, and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States.

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months. To return, you must have: 1) a valid passport, 2) a valid F-1 student visa (unless you are exempt from visa requirements), and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO.

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school, 2) engage only in authorized employment, and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Form I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status, 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school, or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1181. The Department of State and DHS use this information to determine eligibility for the benefits requested. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer, Forms Management Branch, U.S. Immigration and Customs Enforcement, 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

SEVIS ID: N0031918154

SURNAME/PRIMARY NAME KHANNA	GIVEN NAME MANSI	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME MANSI KHANNA	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH MUMBAI	DATE OF BIRTH 23 SEPTEMBER 1995	
FORM ISSUE REASON CONTINUED ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Rutgers, the State University of New Jersey Rutgers-Newark	SCHOOL ADDRESS International Student & Scholar Services, 175 University Ave., Conklin Hall, Room 216, Newark, NJ 07102
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Lydia Green International Services Advisor	SCHOOL CODE AND APPROVAL DATE NEW214F00147003 28 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Information Technology 11.0103	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 02 AUGUST 2021
START OF CLASSES 01 SEPTEMBER 2021	PROGRAM START/END DATE 01 SEPTEMBER 2021 - 31 DECEMBER 2022	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 39,805	Personal Funds	\$ 0
Living Expenses	\$ 25,195	Funds From This School	\$
Expenses of Dependents (0)	\$	Family Sponsor	\$ 68,000
Other	\$	On-Campus Employment	\$
TOTAL	\$ 65,000	TOTAL	\$ 68,000

REMARKS

CPT authorized for internship as part of established curriculum to be shown on student's transcript.

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

SIGNATURE OF <i>Lydia Green</i>	DATE ISSUED 16 May 2022	PLACE ISSUED Newark, NJ
Lydia Green, International Services Advisor		

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

SIGNATURE OF <i>Mansi</i>	DATE <i>05/16/2022</i>
MANSI KHANNA	
SIGNATURE <i>X</i>	ADDRESS (city/state or province/country)
NAME OF PARENT OR GUARDIAN	DATE

SEVIS ID: N0031918154 (F-1)

NAME: MANSI KHANNA

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
CPT	FULL TIME	APPROVED	23 MAY 2022	19 AUGUST 2022

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES			
CPT	23 MAY 2022 - 19 AUGUST 2022			
EMPLOYER NAME	START DATE	END DATE	CITY & STATE	
Genesys	23 MAY 2022	19 AUGUST 2022	New Brunswick, NJ	

CHANGE OF STATUS/CAP-GAP EXTENSION

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AUTHORIZED REDUCED COURSE LOAD

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CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
18 JANUARY 2022	11 MAY 2022

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa (unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States.

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months. To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO.

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement, 801 L Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

Labor Condition Application for Nonimmigrant Workers
Form ETA-9035 & 9035E
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Please read and review the filing instructions carefully before completing the Form ETA- 9035 or 9035E. A copy of the instructions can be found at <https://www.dol.gov/agencies/eta/foreign-labor/>. In accordance with Federal Regulations at 20 CFR 655.730(b), incomplete or obviously inaccurate Labor Condition Applications (LCAs) will not be certified by the Department of Labor (DOL). For all submissions, both electronic (Form ETA- 9035E) or paper (Form ETA- Form 9035 where the employer has notified DOL that it will submit this form non-electronically due to a disability or received permission from DOL to file non-electronically due to lack of internet access), ALL required fields/items containing an asterisk (*) must be completed as well as any fields/items where a response is conditional as indicated by the section (\$) symbol.

A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): *	H-1B
--	------

B. Temporary Need Information

1. Job Title * Software Engineer/Developer		
2. SOC (ONET/OES) code * 15-1252.00	3. SOC (ONET/OES) occupation title * Software Developers	
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment	
	5. Begin Date * 10/1/2023 (mm/dd/yyyy)	6. End Date * 9/30/2026 (mm/dd/yyyy)
7. Worker positions needed/basis for the visa classification supported by this application		
1 Total Worker Positions Being Requested for Certification *		
Basis for the visa classification supported by this application (Indicate total workers in each applicable category)		
1 a. New employment *	0 d. New concurrent employment *	
0 b. Continuation of previously approved employment without change with the same employer*	0 e. Change in employer *	
0 c. Change in previously approved employment *	0 f. Amended petition *	

C. Employer Information

1. Legal business name * Fidelity Technology Group, LLC		
2. Trade name/Doing Business As (DBA), if applicable Fidelity Investments		
3. Address 1 * 245 Summer Street		
4. Address 2 N/A		
5. City * Boston	6. State * Massachusetts	7. Postal code * 02210
8. Country * United States Of America	9. Province MASSACHUSETTS	
10. Telephone number * +1 (800) 835-5099	11. Extension	
12. Federal Employer Identification Number (FEIN from IRS) * 20-8636067	13. NAICS code (must be at least 4-digits) * 52399	

Labor Condition Application for Nonimmigrant Workers
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D. Employer Point of Contact Information

Important Note: The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s)
Tederick	Adelina	N/A
4. Contact's job title *		
Senior Immigration Specialist		
5. Address 1 *		
100-300 New Millennium Way		
6. Address 2		
N/A		
7. City *	8. State *	9. Postal code *
Durham	North Carolina	27709
10. Country *	11. Province	
United States Of America		
12. Telephone number *	13. Extension	14. E-Mail address
+1 (800) 835-5099		adelina.tederick@fmr.com

E. Attorney or Agent Information (If applicable)

Important Note: The employer authorizes the attorney or agent identified in this section to act on its behalf in connection with the filing of this application.

1. Is the employer represented by an attorney or agent in the filing of this application? *		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," complete the remainder of Section E below.			
2. Attorney or Agent's last (family) name §	3. First (given) name §	4. Middle name(s)	
(Swett) Smith	Deborah	L.	
5. Address 1 §			
2 Seaport Lane - Seaport East			
6. Address 2			
Suite 1200			
7. City §	8. State §	9. Postal code §	
Boston	Massachusetts	02210	
10. Country §	11. Province		
United States Of America			
12. Telephone number §	13. Extension	14. E-Mail address	
+1 (617) 946-4815		dlsmith@seyfarth.com	
15. Law firm/Business name §		16. Law firm/Business FEIN §	
Seyfarth Shaw LLP		36-2152202	
17. State Bar number (only if attorney) §		18. State of highest court where attorney is in good standing (only if attorney) §	
441226		Connecticut	
19. Name of the highest State court where attorney is in good standing (only if attorney) §			
Supreme Judicial Court			

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F. Employment and Wage Information

Important Note: The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box. The employer must identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting this form non-electronically and the work is expected to be performed in more than one location, an attachment must be submitted in order to complete this section. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

a. Place of Employment Information 1

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.*		1
2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment.*		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. §		
4. Address 1 *		
245 Summer Street		
5. Address 2		
N/A		
6. City *		7. County *
Boston		Boston City
8. State/District/Territory *		9. Postal code *
Massachusetts		02210
10. Wage Rate Paid to Nonimmigrant Workers *		10a. Per: (Choose only one)*
From* \$ 90646 .00 To: \$ 117208 .00		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing Wage Rate *		11a. Per: (Choose only one)*
\$ 90646 .00		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one): *		
12.	<input type="checkbox"/> A Prevailing Wage Determination (PWD) issued by the Department of Labor	a. PWD tracking number §
13.	<input checked="" type="checkbox"/> A PW obtained independently from the Occupational Employment Statistics (OES) Program	
	a. Wage Level (check one): §	b. Source Year §
	<input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	7/1/2023 - 6/30/2024
14.	<input type="checkbox"/> A PW obtained using another legitimate source (other than OES) or an independent authoritative source	
	a. Source Type (check one): §	b. Source Year §
	<input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/ PW Survey	
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §	
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey §	



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G. Employer Labor Condition Statements

! Important Note: In order for your application to be processed, you **MUST** read Section G of the Form ETA-9035CP - General Instructions for the 9035 & 9035E under the heading "Employer Labor Condition Statements" and agree to all four (4) labor condition statements summarized below:

- (1) **Wages:** The employer shall pay nonimmigrant workers at least the prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. The employer shall offer nonimmigrant workers benefits and eligibility for benefits provided as compensation for services on the same basis as the employer offers to U.S. workers. The employer shall not make deductions to recoup a business expense(s) of the employer including attorney fees and other costs connected to the performance of H-1B, H-1B1, or E-3 program functions which are required to be performed by the employer. This includes expenses related to the preparation and filing of this LCA and related visa petition information. 20 CFR 655.731;
- (2) **Working Conditions:** The employer shall provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed. The employer's obligation regarding working conditions shall extend for the duration of the validity period of the certified LCA or the period during which the worker(s) working pursuant to this LCA is employed by the employer, whichever is longer. 20 CFR 655.732;
- (3) **Strike, Lockout, or Work Stoppage:** At the time of filing this LCA, the employer is not involved in a strike, lockout, or work stoppage in the course of a labor dispute in the occupational classification in the area(s) of intended employment. The employer will notify the Department of Labor within 3 days of the occurrence of a strike or lockout in the occupation, and in that event the LCA will not be used to support a petition filing with the U.S. Citizenship and Immigration Services (USCIS) until the DOL Employment and Training Administration (ETA) determines that the strike or lockout has ended. 20 CFR 655.733; and
- (4) **Notice:** Notice of the LCA filing was provided no more than 30 days before the filing of this LCA or will be provided on the day this LCA is filed to the bargaining representative in the occupation and area of intended employment, or if there is no bargaining representative, to workers in the occupation at the place(s) of employment either by electronic or physical posting. This notice was or will be posted for a total period of 10 days, except that if employees are provided individual direct notice by e-mail, notification need only be given once. A copy of the notice documentation will be maintained in the employer's public access file. A copy of this LCA will be provided to each nonimmigrant worker employed pursuant to the LCA. The employer shall, no later than the date the worker(s) report to work at the place(s) of employment, provide a signed copy of the certified LCA to the worker(s) working pursuant to this LCA. 20 CFR 655.734.

1. I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section G of the Form ETA-9035CP – General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

H. Additional Employer Labor Condition Statements –H-1B Employers ONLY

! Important Note: In order for your H-1B application to be processed, you **MUST** read Section H – Subsection 1 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and answer the questions below.

a. Subsection 1

1. At the time of filing this LCA, is the employer H-1B dependent? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. At the time of filing this LCA, is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" is marked in questions H.1 and/or H.2, you must answer "Yes" or "No" regarding whether the employer will use this application <u>ONLY</u> to support H-1B petitions or extensions of status for exempt H-1B nonimmigrant workers? §	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If "Yes" is marked in question H.3, identify the statutory basis for the exemption of the H-1B nonimmigrant workers associated with this LCA. §	<input type="checkbox"/> \$60,000 or higher annual wage <input type="checkbox"/> Master's Degree or higher in related specialty <input type="checkbox"/> Both
H-1B Dependent or Willful Violator Employers -Master's Degree or Higher Exemptions ONLY	
5. Indicate whether a completed Appendix A is attached to this LCA covering any H-1B nonimmigrant worker for whom the statutory exemption will be based <u>ONLY</u> on attainment of a Master's Degree or higher in related specialty. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



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If you marked "Yes" to questions H.a.1 (H-1B dependent) and/or H.a.2 (H-1B willful violator) and "No" to question H.a.3 (exempt H-1B nonimmigrant workers), you **MUST** read Section H – Subsection 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all three (3) additional statements summarized below.

b. Subsection 2

- A. **Displacement:** An H-1B dependent or willful violator employer is prohibited from displacing a U.S. worker in its own workforce within the period beginning 90 days before and ending 90 days after the date of filing of the visa petition. 20 CFR 655.738(c);
- B. **Secondary Displacement:** An H-1B dependent or willful violator employer is prohibited from placing an H-1B nonimmigrant worker(s) with another/secondary employer where there are indicia of an employment relationship between the nonimmigrant worker(s) and that other/secondary employer (thus possibly affecting the jobs of U.S. workers employed by that other employer), unless and until the employer subject to this LCA makes the inquiries and/or receives the information set forth in 20 CFR 655.738(d)(5) concerning that other/secondary employer's displacement of similarly employed U.S. workers in its workforce within the period beginning 90 days before and ending 90 days after the date of such placement. 20 CFR 655.738(d). Even if the required inquiry of the secondary employer is made, the H-1B dependent or willful violator employer will be subject to a finding of a violation of the secondary displacement prohibition if the secondary employer, in fact, displaces any U.S. worker(s) during the applicable time period; and
- C. **Recruitment and Hiring:** Prior to filing this LCA or any petition or request for extension of status for nonimmigrant worker(s) supported by this LCA, the H-1B dependent or willful violator employer must take good faith steps to recruit U.S. workers for the job(s) using procedures that meet industry-wide standards and offer compensation that is at least as great as the required wage to be paid to the nonimmigrant worker(s) pursuant to 20 CFR 655.731(a). The employer must offer the job(s) to any U.S. worker who applies and is equally or better qualified for the job than the nonimmigrant worker. 20 CFR 655.739.

6. **I have read and agree** to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section H – Subsections 1 and 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. §

☐ Yes ☐ No

I. Public Disclosure Information

! Important Note: You must select one or both of the options listed in this Section.

1. Public disclosure information in the United States will be kept at: *

- ☒ Employer's principal place of business
☐ Place of employment

J. Notice of Obligations

- A. Upon receipt of the certified LCA, the employer must take the following actions:
- o Print and sign a hard copy of the LCA if filing electronically (20 CFR 655.730(c)(3));
 - o Maintain the original signed and certified LCA in the employer's files (20 CFR 655.705(c)(2); 20 CFR 655.730(c)(3); and 20 CFR 655.760); and
 - o Make a copy of the LCA, as well as necessary supporting documentation required by the Department of Labor regulations, available for public examination in a public access file at the employer's principal place of business in the U.S. or at the place of employment within one working day after the date on which the LCA is filed with the Department of Labor (20 CFR 655.705(c)(2) and 20 CFR 655.760).
- B. The employer must develop sufficient documentation to meet its burden of proof with respect to the validity of the statements made in its LCA and the accuracy of information provided, in the event that such statement or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(4)(iv)).
- C. The employer must make this LCA, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act (20 CFR 655.760 and 20 CFR Subpart I).

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge, the information contained therein is true and accurate. I understand that to knowingly furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).

1. Last (family) name of hiring or designated official *
Tederick

2. First (given) name of hiring or designated official *
Adelina

3. Middle initial §
N/A

4. Hiring or designated official title *
Senior Immigration Specialist

5. Signature *

6. Date signed *

09/15/2023

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K. LCA Preparer

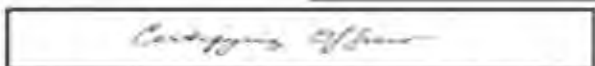
Important Note: Complete this section if the preparer of this LCA is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name § Shahaboddin	2. First (given) name § Syed	3. Middle initial N/A
4. Firm/Business name § Seyfarth Shaw LLP		
5. E-Mail address § sshahaboddin@seyfarth.com		

L. U.S. Government Agency Use (ONLY)

By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 10/1/2023 to 9/30/2026



Department of Labor, Office of Foreign Labor Certification

9/15/2023

Certification Date (date signed)

I-200-23251-332986

Case number

Certified

Case Status

The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified LCA.

M. Signature Notification and Complaints

The signatures and dates signed on this form will not be filled out when electronically submitting to the Department of Labor for processing, but **MUST** be complete when submitting non-electronically. If the application is submitted electronically, any resulting certification **MUST** be signed *immediately upon receipt* from DOL before it can be submitted to USCIS for final processing. Complaints alleging misrepresentation of material facts in the LCA and/or failure to comply with the terms of the LCA may be filed using the WH-4 Form with any office of the Wage and Hour Division, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at www.dol.gov/whd. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with the U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, 950 Pennsylvania Avenue, NW, # IER, NYA 9000, Washington, DC, 20530, and additional information can be obtained at www.justice.gov. Please note that complaints should be filed with the Civil Rights Division, Immigrant and Employee Rights Section at the Department of Justice only if the violation is by an employer who is H-1B dependent or a willful violator as defined in 20 CFR 655.710(b) and 655.734(a)(1)(ii).

For public burden statement information, please see Form ETA-9035CP General Instructions.

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F. Employment and Wage Information

Important Note: The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box. The employer must identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting this form non-electronically and the work is expected to be performed in more than one location, an attachment must be submitted in order to complete this section. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

a. Place of Employment Information 2

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA. *		1
2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment. *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. §		
4. Address 1 *		
20 Hubbar Avenue		
5. Address 2		
Apt. #11		
6. City *		7. County *
Cambridge		Cambridge City
8. State/District/Territory *		9. Postal code *
Massachusetts		02140
10. Wage Rate Paid to Nonimmigrant Workers *		10a. Per: (Choose only one)*
From* \$ 90646 . 00 To: \$ 117208 . 00		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing Wage Rate *		11a. Per: (Choose only one)*
\$ 90646 . 00		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one): *		
12.	<input type="checkbox"/> A Prevailing Wage Determination (PWD) issued by the Department of Labor	a. PWD tracking number §
13.	<input checked="" type="checkbox"/> A PW obtained independently from the Occupational Employment Statistics (OES) Program	
	a. Wage Level (check one): §	b. Source Year §
	<input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	7/1/2023 - 6/30/2024
14.	<input type="checkbox"/> A PW obtained using another legitimate source (other than OES) or an independent authoritative source	
	a. Source Type (check one): §	b. Source Year §
	<input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/ PW Survey	
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §	
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey §	



THIS SUBMISSION CONTAINS CONFIDENTIAL COMMERCIAL
INFORMATION. PER FOIA [5 U.S.C. §552 (b)(4)] SUBMITTER
REQUESTS PREDISCLOSURE NOTIFICATION PER PRESIDENTIAL
EXECUTIVE ORDER NO. 12,600, 52 Fed. Reg. 23781 (June 23, 1987).

September 7, 2023

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

Re:	Request for H-1B Status
Petitioner:	Fidelity Investments
Beneficiary:	KHANNA, Mansi Rajesh
Specialty Occupation:	Software Engineer/Developer

Dear Sir or Madam:

This letter is written in support of Fidelity Investments' ("Fidelity") request that H-1B status be granted to Ms. Mansi Rajesh Khanna to enable her to perform in the Software Engineer/Developer position in Boston, Massachusetts and Cambridge, Massachusetts.

INFORMATION ABOUT FIDELITY

Fidelity is one of the world's largest providers of financial services, with revenues of \$25 billion, operating income of \$8 billion, and assets under administration of \$10.3 trillion, including managed assets of \$3.2 trillion, as of December 31, 2022. Founded in 1946, the firm is a leading provider of investment management, retirement planning, portfolio guidance, brokerage, benefits outsourcing, and many other financial products and services to more than 32.6 million individuals and 6.7 million accounts managed by financial intermediary firms on Fidelity's clearing and custody platform.

The firm is one of the largest mutual fund companies in the United States, the No. 1 provider of workplace retirement savings plans in the United States, and a leading premium discount brokerage firm. For more information about Fidelity Investments, visit www.fidelity.com.

Within Fidelity Investments, there are a number of operating units, including Fidelity Technology Group ("FTG"). FTG's mission is to provide management information-related IT systems solutions for Fidelity's myriad business units. The H-1B Beneficiary, Ms. Khanna, will be employed within FTG business group.

JOB DUTIES AND RESPONSIBILITIES OF SOFTWARE ENGINEER/DEVELOPER

As Software Engineer/Developer, Ms. Khanna will be responsible for crafting, building and providing advance software solutions using technologies like PL/SQL Java, Spring-boot, shell scripts, and REST producing high-quality, testable, and reliably deployed code for sophisticated products and components; delivering software using Agile development practices and leveraging Object Oriented development experience; working and coding across a range of client, middle tier, messaging, caching and database technologies including Java, TypeScript, JavaScript, SQL, and PL/SQL; deploying applications in a DevOps environment using Continuous Integration and Continuous Delivery (CI/CD) pipelines and practices such as GitHub, Jenkins, Stash, Artifactory, Ansible, and Docker; supporting and performing all phases of testing and test automation frameworks including unit, component, integration, and system using CI/CD process; detailing design options and decisions, and presenting these in an organized manner to technical as well as non-technical audiences; coordinating software system installation and monitoring its functioning to ensure specifications are met; developing software system testing and validation procedures, programming, and documentation; developing software applications; adhering to architecture standards; developing applications of moderately complex scope; providing application support by diagnosing and resolving technical problems with minimal business impact; performing unit and integration testing; developing clear and concise documents of moderately complex scope; performing post-installation testing to identify and resolve technical problems; developing technical modules in support of moderately complex assignments or multiple phases of highly complex projects; and performing technical and functional analysis for projects of moderately complex scope.

The above duties are submitted as evidence that the position qualifies as a Specialty Occupation pursuant to 8 CFR 214.2(h)(4)(iii)(A).

THE SOFTWARE ENGINEER/DEVELOPER IS A SPECIALTY OCCUPATION REQUIRING A BACHELOR'S DEGREE OR HIGHER IN A SPECIFIC SPECIALTY

Due to the complex nature of the position as described above, requiring the regular and systematic application of advanced knowledge and skills in information technology, the Software Engineer/Developer must have at least a bachelor's degree (or its equivalent) in information technology or a directly-related software engineering or computer related quantitative field that provides the necessary underlying theoretical and practical knowledge to execute the duties of the proffered role. This level of education is necessary to enable the Software Engineer/Developer to perform the highly specialized and complex tasks that are required in order to effectively perform the job duties required for the position. A person who has not received this level of formal education and experience would be unable to perform the job duties for the position Software Engineer/Developer.

It is important to note that the range of directly related academic fields -- those which are intrinsically related and for which the academic underpinnings fall into a category that are substantially similar -- satisfy the specific specialty requirement. Congress' intent in guarding against statutorily defining "specialty occupation" as one which requires a "bachelor's or higher degree in the specific specialty (or its equivalent)," 8 U.S.C. § 1184(i)(1)(B) (emphasis supplied), was not to limit occupations to those requiring one certain academic discipline but to prevent those from being considered with only a generic academic requirement and no particularized field of study, such as "bachelor's degree, any major." See *Raj & Co.*, 85 F.Supp.3d at 1248. There, as here, "the patently specialized nature of the position sets it apart from those that merely require a generic degree." *Id.* (referencing *Caremax Inc. v. Holder*, 40 F.Supp.3d 1182, 1187-88 (N.D. Cal. 2014) (affirming USCIS's denial of H-1B petition for a public relations specialist for which "the OOH makes clear that employers are not particularly concerned with what type of bachelor's an applicant has achieved").

Therefore, because the OOH and Congress's intent make clear that the position of Software Engineer/Developer normally requires the attainment of a baccalaureate or higher degree or its equivalent in a specific field, the Beneficiary should be granted H-1B status.

QUALIFICATIONS OF MS. KHANNA

Ms. Khanna is well qualified to perform the job duties of Software Engineer/Developer. Ms. Khanna received a Master of Science degree in Information Technology and Analytics from Rutgers, The State University of New Jersey (United States) and a Bachelor of Engineering degree in Electronics Engineering from the University of Mumbai (India). Thus, Ms. Khanna meets the educational requirements for the position.

SUMMARY OF TERMS OF EMPLOYMENT

Fidelity takes this opportunity to provide a summary of the terms of employment pursuant to which Fidelity has engaged the services of Ms. Khanna. Fidelity will employ Ms. Khanna in H-1B status as Software Engineer/Developer at an annual wage of \$100,000.00 in consideration of performing the job duties described in this letter. This salary is in addition to standard benefits available to similarly situated professional personnel. Total compensation for the position is commensurate with the professional level duties required to be performed. The term or duration of Ms. Khanna's employment is "at will" unless a different arrangement has been made by written contract (in which case we include as a petition exhibit a copy of the written contract).

EMPLOYER-EMPLOYEE RELATIONSHIP

Fidelity is the appropriate entity to request H-1B status for Ms. Khanna because Ms. Khanna will be a traditional "in-house" employee of Fidelity, as explained below. Ms. Khanna will work at an office location that is owned or leased by Fidelity and may work from home pursuant to Fidelity's telecommute policy; moreover, Ms. Khanna will report directly to Fidelity on a daily basis and will use Fidelity's resources, tools and instrumentalities to perform her job duties. Further, it is Fidelity that will have and exercise the right to control the work performed by Ms. Khanna as Software Engineer/Developer and that has undertaken the typical indicia of traditional in-house

employment on behalf of Ms. Khanna, including issuing W-2 and related tax documents to Ms. Khanna, offering medical and associated benefits to Ms. Khanna, and issuing and maintaining the Form I-9 reflecting Ms. Khanna as Fidelity's employee.

TERMS OF EMPLOYMENT UNCHANGED

Notwithstanding that Fidelity has requested work authorization for Ms. Khanna for a specific term, it is not our intention that this letter change or alter in any manner the terms and conditions of Ms. Khanna's employment with Fidelity as originally agreed between Fidelity and Ms. Khanna, and no language set out in this letter or in any immigration-related document should be construed as constituting an employment contract or as altering the terms of the employment relationship between Fidelity and Ms. Khanna.

REGULATORY COMPLIANCE

Fidelity will be liable for the reasonable costs of return transportation of Ms. Khanna, if she is dismissed from employment by Fidelity before the end of the period of authorized stay in H-1B status, to the extent such liability is imposed per applicable regulations of the U.S. Citizenship and Immigration Service, as required by 8 C.F.R. §214.2 (h)(4)(iii)(B)(2) and (E).

EVIDENTIARY STANDARD

The burden of proof to establish eligibility for a desired preference rests with the petitioner. Matter of Brantigan, 11 I. & N. Dec. 493. However, according to the Adjudicator's Field Manual, the standard of proof applied in most administrative immigration proceedings is the "**preponderance of the evidence**" standard. Thus, even if the director has some doubt as to the truth, if the petitioner submits relevant, probative, and credible evidence that leads the director to believe that the claim is "probably true" or "more likely than not," the applicant or petitioner has satisfied the standard of proof (emphasis added). See U.S. v. Cardoza-Fonseca, 480 U.S. 421 (1987) (defining "more likely than not" as a greater than 50 percent probability of something occurring). As documented within our H-1B petition and as explained in detail above, it is clear that Fidelity Investments has met its burden to establish that it is "probably true" or "more likely than not" that the Beneficiary is eligible for classification as an alien employed in a specialty occupation.

CONCLUSION

We believe that Ms. Khanna's education renders her well qualified to perform the job duties of Software Engineer/Developer. Ms. Khanna has the necessary knowledge and expertise to perform the job duties and responsibilities and thus to make a viable contribution to our continued success.

We therefore request approval of the H-1B petition request so that Ms. Khanna may serve in the Software Engineer/Developer position.

Please contact our attorney Deborah L. Smith of Seyfarth Shaw LLP at (617) 946-4815 if you require additional information or documentation on this matter.

Sincerely,

FIDELITY INVESTMENTS

A handwritten signature in black ink, appearing to read "Adelina Tederick", written in a cursive style.

Adelina Tederick
Immigration Specialist

2022
Annual Report



Fidelity



भारत गणराज्य REPUBLIC OF INDIA



Country Code

पुस्तकें, पत्रिकाएँ, आदि।

P

IND

N 1258048

KHANNA

For names (e.g., Given Name(s))

MANSI RAJESH

Country / Nationality

શિલ્પ / કલા

23/09/1995

INDIAN

F

संस्थागत स्थान

MUMBAI, MAHARASHTRA

[illegible]

MUMBAI

10/07/2015

09/07/2025

Manni

P<INDKHANNA<<MANSI<RAJESH<<<<<<<<<<<<<<<<<<<
N1258048<7IND9509230F2507097<<<<<<<<<<<<<<<<6



JAN 24 2022

F1
D/S

Aug 16 2021
F1
bis



Issuing Post Name
MUMBAI (BOMBAY)

Control Number
20212024020004

Surname
KHANNA

Given Name
MANSI RAJESH

Visa Type /Class
R F1

Passport Number
N1258048

Sex
F

Birth Date
23SEP1995

Nationality
IND

Entries
M

Issue Date
23JUL2021

Expiration Date
20JUL2026

1010

Annotation
N0031918154

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
NIE UNDER ALL P.P.S. ON NOVEL CORONAVIRUS

VNUSAKHANNA<<MANSI<RAJESH<<<<<<<<<<<<<<<<
N1258048<7IND9509230F2607207F1BMB1Y936243374

Rutgers, The State University of New Jersey

On recommendation of the faculty of the
Rutgers Business School
Newark and New Brunswick

The Board of Governors confers upon

Mansi Khanna

the degree of

Master of Information Technology and Analytics

with all the rights, responsibilities, privileges, and immunities appertaining thereto.

Granted under the seal of the university on the
sixteenth day of January, two thousand and twenty-three.



Dean



President

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RECORD OF: MANSI KHANNA

STUDENT NUMBER: 203004526

RECORD DATE: 02/07/23 PAGE: 1

TITLE	SCH	DEPT	CRS	SUP	SEC	CRED	PR	GRADE
Fall 2021 RUTGERS BUSINESS SCHOOL-NEWARK/NEW BRUNSWICK-GRADUATE								
PROGRAM: INFORMATION TECHNOLOGY								
BUSINESS DATA MGT	22	198	603	NB	60	3.0		B+
BUSINESS FORECASTING	22	544	608	NB	60	3.0		A-
INTRO DATA STRCTR AL	22	544	613	NB	03	3.0		B
ANALYTICS BUS INTELL	22	544	641	NB	6A	3.0		A-
CAREER MGMT-MITA	22	544	695		35	0.0	N	S
SPEC TPC MGT SCIENCE	26	711	685	DU	01	3.0		B+
SUB TOPIC: ALGORITHMIC MACHINE LEARNING								
DEGREE CREDITS EARNED: 15.0 TERM AVG: 3.434 CUMULATIVE AVG: 3.434								

Spring 2022 RUTGERS BUSINESS SCHOOL-NEWARK/NEW BRUNSWICK-GRADUATE

PROGRAM: INFORMATION TECHNOLOGY

DB SYS FOR DATA SCI	16	198	527		90	3.0		A
DATA ANALYSIS&VISUAL	22	544	646		40	3.0		A
DATA MINING	22	544	650		01	3.0		A-
BUS ANALYTICS PROG	22	544	660		30	3.0		A-
DEGREE CREDITS EARNED: 27.0 TERM AVG: 3.835 CUMULATIVE AVG: 3.612								

TITLE	SCH	DEPT	CRS	SUP	SEC	CRED	PR	GRADE
Summer 2022 RUTGERS BUSINESS SCHOOL-NEWARK/NEW BRUNSWICK-GRADUATE								
PROGRAM: INFORMATION TECHNOLOGY								
MITA INTERNSHIP	22	544	638		01	0.0	N	S
DEGREE CREDITS EARNED: 27.0 TERM AVG: CUMULATIVE AVG: 3.612								

Fall 2022 RUTGERS BUSINESS SCHOOL-NEWARK/NEW BRUNSWICK-GRADUATE

PROGRAM: INFORMATION TECHNOLOGY

MITA INTERNSHIP	22	544	638		01	0.0	N	NG
MITA CAPSTONE PROJ	22	544	688		02	3.0		B
DEGREE CREDITS EARNED: 30.0 TERM AVG: 3.000 CUMULATIVE AVG: 3.551								

DEGREE: MASTER OF INFO TECH & ANALYTICS **JANUARY 2023**
PROGRAM: INFORMATION TECHNOLOGY

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Rutgers, The State University of New Jersey

EXPLANATION OF GRADING SYSTEM

A. Standard (Exception: School of Law – Newark, School of Law – Camden, Livingston College, and Rutgers Business School Newark/New Brunswick (Grad)

	<u>Grade Points</u>
A - Distinguished	4.00
B+ - Intermediate grade	3.50
B - Good	3.00
C+ - Intermediate grade	2.50
C - Satisfactory	2.00
D - Poor	1.00

	<u>Grade Points</u>
F - Failing	0.00
Pass - (A thru C)	
NOCR - No credit (D & F)	
IN - Incomplete	
PIN - Permanent incomplete	
TNC - Temporary no credit	

CREDIT HOUR PREFIXES

E	Credits do not count toward degree
N	Noncredit course - Credits do not count toward degree
G	Undergraduate course taken for graduate credit
PN	Course undertaken on pass/no credit basis
R	Repeated course
J	Counts as degree credit but is not in the CUM GPA
K	Does not count as degree credit but is in the CUM GPA
M	Counts toward major

B. School of Law – Camden & Newark

	<u>Grade Points</u>
A+ - Distinguished	4.33
A - Distinguished	4.00
A- - Intermediate grade	3.67
B+ - Intermediate grade	3.33
B - Good	3.00
B- - Intermediate grade	2.67
C+ - Intermediate grade	2.33

	<u>Grade Points</u>
C - Satisfactory	2.00
C- - Intermediate grade	1.67
D+ - Intermediate grade	1.33
D - Poor	1.00
F - Failing	0.00
PASS - Credit awarded	
NOCR - No credit	0.00
IN - Incomplete	

TERMS AND CUMULATIVE AVERAGES

$$\frac{\text{Total grade points}}{\text{Total credit hours}} = \text{Weighted average}$$

GRADE PREFIXES

R	- Re-examination permitted
T	- Term work incomplete

CREDIT HOURS

One credit is given for 800 minutes of class (lec. or rec.) or for three times this amount of laboratory time.

C. School of Law – Camden (through Summer Session 2001)

	<u>Grade Points</u>
A+ - Distinguished	4.50
A - Distinguished	4.00
B+ - Intermediate grade	3.50
B - Good	3.00

	<u>Grade Points</u>
C+ - Intermediate grade	2.50
C - Satisfactory	2.00
D+ - Intermediate grade	1.50
D - Poor	1.00
F - Failing	0.00

D. Rutgers Business School Newark/New Brunswick (Grad)

	<u>Grade Points</u>
A - Distinguished	4.00
A- - Intermediate grade	3.67
B+ - Intermediate grade	3.33
B - Good	3.00
B- - Intermediate grade	2.67

	<u>Grade Points</u>
C+ - Intermediate grade	2.33
C - Satisfactory	2.00
C- - Intermediate grade	1.67
D - Poor	1.00
F - Failing	0.00
INC - Incomplete	

E. Livingston College

	<u>Grade Points</u>
A - Distinguished	4.00
B+ - Intermediate grade	3.50
B - Good	3.00
C+ - Intermediate grade	2.50
C - Satisfactory	2.00

	<u>Grade Points</u>
D - Poor	1.00
NOCR - Failed (no credit)	0.00
TNC - Temporary no credit	0.00
H - Honors (A)	
CR - Credit (B & C)	
F - Failing	0.00

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F. OTHER GRADE SYMBOLS

DF	Disciplinary failure	S	Satisfactory	W	Withdrew or dropped
IN	Incomplete	TZ	Grade not submitted	WF	Withdrew failing
NG	No grade given	X	Examination not taken	U	Unsatisfactory
WP	Withdrew passing	H	Honors grade	XF	Disciplinary Failure
IP	In Progress				

REGULATIONS GOVERNING USAGE of above grade symbols are determined by each school of the University. Complete explanations are found in appropriate school bulletins of the general catalog of Rutgers University.

University of Mumbai



Unibersity of Mumbai

मुंबई विद्यापीठ

We,

the Chancellor, the Vice-Chancellor
and

Members of the Management Council
confer the Degree of

BACHELOR OF ENGINEERING
(Electronics Engineering Branch)

on

KHANNA MANSI RAJESH PUNAM

of Shri Vile Parle Kelavani Mandal's Dwarkadas J. Sanghvi College of
Engineering

with a Cumulative Grade Performance Index of 6.75

for the examination held in MAY 2017

at the Convocation

held on 22nd February, 2018.

आम्ही,

कुलपती, कुलपुत्र

आणि

अवस्थापन परिषदेचे सदस्य

अधिकांशिकी कनासक

(इलेक्ट्रॉनिक्स अभियांत्रिकी शाखा)

ही पदवी

कुल्ल मानसी राजेश पुनाम

श्री विले पार्ले केलवणी मंडळाचे द्वारकादास जे. संधवी कॉलेज ऑफ इंजिनिअरिंग

याना

संख्या येणी संपादित निर्देशांक ६.७५ प्रमाणे

मे २०१७ मधील परीक्षेत

उत्तीर्ण झाल्याबद्दल

२२ फेब्रुवारी, २०१८ रोजी

दीक्षास समारंभात प्रदान करीत आहोत.



17-BENG-175421-50284942

Dr. Devanand Shinde | डॉ. देवानंद शिंदे

Vice-Chancellor | कुलपुत्र

0442636



University of Mumbai

CCP: 421/0062
NO: 80284942



0039877

I Certify that

/ KHANNA HANSI RAJESH PUKAN

PASSED THE B.E. (Electronics Engineering)
(COSGS) DEGREE EXAMINATION

held by the University of Mumbai in the month of

MAY 2017 WITH 8.75 CGPI

/ - FEMALE

AUGUST 23, 2017

DIRECTOR

BOARD OF EXAMINATIONS & EVALUATION



University of Mumbai

GRADE CARD

CCF: 421:0221

NAME : /KHANNA MANSI RAJESH PUNAM

EXAMINATION : FIRST YEAR ENGINEERING SEMESTER I (CDGS)

HELD IN : DECEMBER 2013

SEAT NUMBER : 8349

REGISTRATION NO. : S13ENG006166

COURSE CODE	COURSE TITLE	COURSE CREDITS	GRADE			CREDIT EARNED (C)	GRADE POINTS (G)	C X G
			ESE/PR/OR	IA/TW	OVERALL			
FEC101	APPLIED MATHEMATICS - I	4	C	D	C	4	7	28
		1	—	D	D	1	10	10
FEC102	APPLIED PHYSICS - I	3	E	P	E	3	5	15
		0.5	—	D	D	0.5	10	5.0
FEC103	APPLIED CHEMISTRY - I	3	D	C	D	3	6	18
		0.5	—	D	D	0.5	10	5.0
FEC104	ENGINEERING MECHANICS	5	C	E	D	5	6	30
		1	D	C	B	1	8	8
FEC105	BASIC ELECTRICAL & ELECTRONICS ENGG.	4	P	D	E	4	5	20
		1	C	C	C	1	7	7
FEC106	ENVIRONMENTAL STUDIES (EVS)	2	P	B	E	2	5	10
FEL101	BASIC WORKSHOP & PRACTICE - I	2	—	D	D	2	10	20
TOTAL		27				27	—	176.00

Remark : Successful

SGPI : 6.52

CGPI :

Result Declared on : MARCH 6, 2014

Received ₹ 50/-

Poonam Deshmukh
CONTROLLER OF EXAMINATIONS

P-Head of Failure,--Not Applicable, Ab-Absent, Female, SGPI = $\Sigma (CXG) / \Sigma (C)$ ~ - Dyslexia Benefit.

P.T.O.



University of Mumbai

CCFRV: 421:0020

GRADE CARD

NAME : /KHANNA MANSI RAJESH PUNAM

EXAMINATION : FIRST YEAR ENGINEERING SEMESTER II (CBGS)

HELD IN MAY 2014

SEAT NUMBER : 8161

REGISTRATION NO. :

COURSE CODE	COURSE TITLE	COURSE CREDITS	GRADE			CREDIT EARNED (C)	GRADE POINTS (G)	C X G
			ESE/PR/OR	IA/TW	OVERALL			
FEC201	APPLIED MATHEMATICS - II	4	D	D	D	4	6	24
		1	---	O	O	1	10	10
FEC202	APPLIED PHYSICS - II	3	F	E	F	3	4	12
		0.5	---	C	C	0.5	7	3.5
FEC203	APPLIED CHEMISTRY - II	3	D	C	D	3	6	18
		0.5	---	O	O	0.5	10	5.0
FEC204	ENGINEERING DRAWING	3	O	O	O	3	10	30
		2	O	O	O	2	10	20
FEC205	STRUCTURED PROGRAMMING APPROACH	4	B	C	B	4	8	32
		1	C	A	B	1	8	8
FEC206	COMMUNICATION SKILLS	2	D	D	D	2	6	12
		1	---	C	C	1	7	7.0
FEL201	BASIC WORKSHOP PRACTICE - II	2	---	O	O	2	10	20
TOTAL		27				27	---	201.50

Remark : Successful

SGPI : 7.46

CGPI :

Result Declared on : JANUARY 8, 2015

Received ₹ 50/-

B. Agl
CONTROLLER OF EXAMINATIONS

F-Head of Failure, -Not Applicable, Ab-Absent/Female, SGPI = $\Sigma (CXG) / \Sigma (C)$ -- Dyslexia Benefit

P.T.O.



Shri Vile Parle Kelavani Mandal's
DWARKADAS J. SANGHVI COLLEGE OF ENGINEERING
Plot No. U-15, JVPD Scheme, Bhaktivendanta Swami Marg,
Vile Parle (West), Mumbai - 400 056.



GRADE CARD

NAME : KHANNA MANSI RAJESH PUNAM

EXAMINATION : SECOND EXAMINATION IN ENGINEERING (ELECTRONICS) (SEMESTER III) (CBGS)

HELD IN : MAY 2015

SEAT NUMBER : 60001130023

REGISTRATION NO. : **153005**

Course Code	Course Title	Course Credits	Grade			Credit Earned(C)	Grade Point(G)	CXG
			ESE/PR/OR	IA/TW	Overall			
EXC302	Electronic Devices	4.0	P	D	P	4.0	4	16.0
EXC303	Digital Circuits and Design	4.0	D	D	D	4.0	6	24.0
EXC304	Circuits Theory	4.0	P	E	P	4.0	4	16.0
EXC305	Electronics Instrumnts & Measurements	4.0	D	C	D	4.0	6	24.0
EXL301	Electronic Devices Laboratory	1.0	D	A	C	1.0	7	7.0
EXL302	Digital Circuits and Design Laboratory	1.0	D	A	C	1.0	7	7.0
EXL303	Circuit Theory and Measurements Laboratory	1.0	--	B	B	1.0	8	8.0
EXL304	*Object Oriented Programming Methodology Laboratory	2.0	A	B	A	2.0	9	18.0
EXS301	Applied Mathematics-III	4.0	P	E	P	4.0	4	16.0
		1.0	--	B	B	1.0	8	8.0
TOTAL		26.0				26.0		144.0

Remark : Successful

SGPI : 5.54

CGPI : --

Result Declared on : 25 AUGUST 2015

Received : Rs 50/-

Entered By

Verified By



Principal / Controller of Examinations

F-Head of Failure, -Not Applicable, Ab-Absent, /-Female, $SGPI = \frac{\sum (CXG)}{\sum (C)}$ -- Dyslexia Benefit.

P.T.O



Shri Vile Parle Kelavani Mandal's
DWARKADAS J. SANGHVI COLLEGE OF ENGINEERING
Plot No. U-15, JVPD Scheme, Bhaktivendanta Swami Marg,
Vile Parle (West), Mumbai - 400 056.



GRADE CARD

NAME : KHANNA MANSI RAJESH PUNAM
EXAMINATION : SECOND EXAMINATION IN ENGINEERING(ELECTRONICS)(SEMESTER IV)(CBGS)
HELD IN : MAY 2015
SEAT NUMBER : 60001130023 REGISTRATION NO. : **115027**

Course Code	Course Title	Course Credits	Grade			Credit Earned(C)	Grade Point(G)	CXG
			ESE/PR/OR	IA/TW	Overall			
EXC402	Discrete Electronic Circuits	4.0	P	P	P	4.0	4	16.0
EXC403	Microprocessor and Peripherals	4.0	P	D	P	4.0	4	16.0
EXC404	Principles of Control Systems	4.0	C	D	C	4.0	7	28.0
EXC405	Fundamentals of Communication Engineering	4.0	E	D	E	4.0	5	20.0
EXC406	Electrical Machines	3.0	P	D	P	3.0	4	12.0
EXL401	Discrete Electronic Circuits LAB-PR	1.0	C	O	B	1.0	8	8.0
EXL402	Microprocessor and Peripherals LAB-PR	1.0	D	C	C	1.0	7	7.0
EXL403	ControlSystem&Electrical Machines LAB-PR	1.0	C	O	B	1.0	8	8.0
EXL404	Communication Engineering LAB-PR	1.0	P	C	E	1.0	5	5.0
EXS401	Applied Mathemaics IV	4.0	E	D	E	4.0	5	20.0
		1.0	-	O	O	1.0	10	10.0
TOTAL		28.0				28.0		150.0

Remark : Successful

SGPI : 5.36

CGPI : -

Result Declared on : 07 AUGUST 2015

Received : Rs 50/-

Entered By

Verified By



Principal / Controller of Examinations

F-Head of Failure,--Not Applicable, Ab-Absent, /-Female, SGPI = $\sum (CXG) / \sum (C)$ ~ - Dyslexia Benefit.

P.T.O



**Shri Vile Parle Kelavani Mandal's
DWARKADAS J. SANGHVI COLLEGE OF ENGINEERING**

Plot No. U-15, JVPD Scheme, Bhaktivendanta Swami Marg,
Vile Parle (West), Mumbai - 400 056.



GRADE CARD

NAME : KHANNA MANSI RAJESH PUNAM
EXAMINATION : THIRD EXAMINATION IN ENGINEERING(ELECTRONICS)(SEMESTER V)(CBGS)
HELD IN : DECEMBER 2015
SEAT NUMBER : 60001130023
REGISTRATION NO. : 152023

Course Code	Course Title	Course Credits	Grade			Credit Earned(C)	Grade Point(G)	CXG
			ESE/PR/OR	IA/TW	Overall			
EXC501	Microcontrollers and Applications	4.0	E	C	E	4.0	5	20.0
EXC502	Design with Linear Integrated Circuits	4.0	E	B	D	4.0	6	24.0
EXC503	Electromagnetic Engineering	4.0	P	A	E	4.0	5	20.0
EXC504	Signals and Systems	4.0	*P	D	P	4.0	4	16.0
		1.0	--	O	O	1.0	10	10.0
EXC505	Digital Communication	4.0	E	A	D	4.0	6	24.0
EXL501	Microcontrollers and Applications Laboratory	1.0	O	B	A	1.0	9	9.0
EXL502	Design with Linear Integrated Circuits Laboratory	1.0	C	A	C	1.0	7	7.0
EXL503	Digital Communication Laboratory	1.0	B	A	B	1.0	8	8.0
EXL504	Mini Project-I	2.0	O	O	O	2.0	10	20.0
EXS506	Business Communication and Ethics	2.0	--	O	O	2.0	10	20.0
TOTAL		28.0				28.0		178.0

Remark : Successful

SGPI : 6.36

CGPI : --

Result Declared on : 24 FEBRUARY 2016

Received : Rs 50/-

Entered By

Verified By



Principal / Controller of Examinations

F-Head of Failure,--Not Applicable, Ab-Absent,/-Female, SGPI = $\Sigma (CXG) / \Sigma (C)$ -- Dyslexia Benefit.

P.T.O



Shri Vile Parle Kelavani Mandal's
DWARKADAS J. SANGHVI COLLEGE OF ENGINEERING
 Plot No. U-15, JVPD Scheme, Bhaktivendanta Swami Marg,
 Vile Parle (West), Mumbai - 400 056.



GRADE CARD

NAME : KHANNA MANSI RAJESH PUNAM
 EXAMINATION : THIRD EXAMINATION IN ENGINEERING(ELECTRONICS)(SEMESTER VI)(CBGS)
 HELD IN : MAY 2016
 SEAT NUMBER : 60001130023 REGISTRATION NO. : 161026

Course Code	Course Title	Course Credits	Grade			Credit Earned(C)	Grade Point(G)	CXG
			ESE/PR/OR	IA/TW	Overall			
EXC601	Basic VLSI Design	4.0	C	E	C	4.0	7	28.0
EXC602	Advanced Instrumentation Systems	4.0	D	D	D	4.0	6	24.0
EXC603	Computer Organization	4.0	C	O	C	4.0	7	28.0
EXC604	Power Electronics-I	4.0	D	D	D	4.0	6	24.0
EXC605	Digital Signal Processing and Processors	4.0	D	C	D	4.0	6	24.0
EXC606	Modern Information Technology for Management	2.0	C	O	C	2.0	7	14.0
EXL601	VLSI Design Laboratory	1.0	A	O	@O	1.0	10	10.0
EXL602	Digital Signal Processing and Processors Laboratory	1.0	O	O	O	1.0	10	10.0
EXL603	Advanced Instrumentation and Power Electronics Laboratory	1.0	B	B	B	1.0	8	8.0
EXL604	Mini Project-II	2.0	O	O	O	2.0	10	20.0
TOTAL		27.0				27.0		190.0

Remark : Successful

SGPI : 7.04

CGPI : --

Result Declared on : 01 SEPTEMBER 2016

Received : Rs 50/-

Entered By

Verified By



Principal / Controller of Examinations

F-Head of Failure,--Not Applicable, Ab-Absent,/-Female, SGPI = $\Sigma (CXG) / \Sigma (C)$ -- Dyslexia Benefit.

P.T.O



University of Mumbai

CCF: 421: 0058

GRADE CARD

NAME : /KHANNA MANSI RAJESH PUNAM

EXAMINATION : B.E. (ELECTRONICS) (SEM VII) (CBOS)

HELD IN : NOVEMBER 2016

SEAT NUMBER : 50270945

REGISTRATION NO. :

COURSE CODE	COURSE TITLE	COURSE CREDITS	GRADE			CREDIT EARNED (C)	GRADE POINTS (G)	C X G
			EST/PR/ OR	IA/TW	OVERALL			
EXC701	EMBEDDED SYSTEM DESIGN	4	C	E	C	4	7	28
		1	—	O	O	1	10	10
EXC702	IC TECHNOLOGY	4	E	C	D	4	6	24
		1	O	O	O	1	10	10
EXC703	POWER ELECTRONICS - II	4	D	E	D	4	6	24
		1	A	O	O	1	10	10
EXC704	COMPUTER COMMUNICATION NETWORKS	4	D	O	C	4	7	28
		1	O	O	O	1	10	10
EXE7052	ARTIFICIAL INTELLIGENCE	4	D	D	D	4	6	24
		1	D	D	A	1	9	9
EXC706	PROJECT - I	2	O	O	O	2	10	20
TOTAL		27				27	--	197.00

Remark : Successful

SGPI :

7.30

CGPI :

Result Declared on : FEBRUARY 17, 2017

Received ₹ 50/-

CONTROLLER OF EXAMINATIONS

E, Head of Failure, -- Not Applicable, Ab-Absent, Female, SGPI = $\sum (CXG) / \sum (C)$ -- Dyslexia Benefit.

P.T.O.



University of Mumbai

CCF 421 00651

GRADE CARD

NAME : /MHANNA MANOJ RAJESH PUNAM
 EXAMINATION : D E (ELECTRONICS ENGINEERING) (SEM VIII) - (CBSE05)
 HELD IN : MAY 2017
 SEAT NUMBER : 50284942 REGISTRATION NO. :

COURSE CODE	COURSE TITLE	COURSE CREDITS	GRADE (ESE + EAI) (EWO OR FPO)	CREDITS EARNED (C)	GRADE POINTS (G)	EXG
EXCB01	CMOS VLSI DESIGN	4 1	P D	4 1	4 8	16 8
EXCB02	ADVANCED NETWORKING TECHNOLOGIES	4 1	C D	4 1	7 10	28 10
EXCB03	MEMS TECHNOLOGY	4 1	B D	4 1	8 10	32 10
EXCB044	BIDMEDICAL ELECTRONICS	4 1	D D	4 1	10 10	40 10
EXCB05	PROJECT-II	4	D	4	10	40
TOTAL		24		24	--	194.00

SGPI
 SEM-I : 6.52
 SEM-III : 5.54
 SEM-V : 6.36
 SEM-VII : 7.30

SGPI
 SEM-II : 7.46
 SEM-IV : 5.36
 SEM-VI : 7.04
 SEM-VIII : 8.08

mark : Successful CGPI: 6.71 EQ. 04

ult Declared on : AUGUST 23, 2017

DIRECTOR
 BOARD OF EXAMINATIONS & EVALUATION

Payslip: Mansi Khanna (a740747): 09/10/2023
(USA_Regular) - Complete

09:42 AM
09/14/2023
Page 1 of 2

Company Information

Name	Address	Phone
Fidelity Technology Group, LLC	245 Summer Street Boston, MA 02210 United States of America	+1 (800) 835-5099

Payslip Information

Name	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Mansi Khanna	a740747	08/28/2023	09/10/2023	09/15/2023	

Current and YTD Totals

Balance Period	Hours Worked	Gross Pay	Pre Tax Deductions	Taxes	Post Tax Deductions	Net Pay
Current	0.00	3,853.08	363.60	944.28	(11.93)	2,557.13
YTD	0.00	70,653.54	6,830.13	17,930.29	35.26	45,857.86

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Base Compensation	08/28/2023 - 09/10/2023	0.00	0.00	3,846.16	70,528.98
Employer HSA	08/28/2023 - 09/10/2023	0.00	0.00	0.00	500.00
Basic Life Imputed	08/28/2023 - 09/10/2023	0.00	0.00	6.92	124.56
Total:				3,853.08	71,153.54

Taxes

Description	Amount	YTD
OASDI	233.04	4,223.09
Medicare	54.50	987.66
Federal Withholding	470.01	8,260.77
State Tax - CT		339.57
State Tax - CT		2,518.33
State Tax - MA	174.47	1,289.96
CT Family and Medical Leave - CTFML		255.78
MAPFL - MAPFL	4.24	19.07
MAPML - MAPML	8.02	36.06
Total:	944.28	17,930.29

Pre Tax Deductions

Description	Amount	YTD
401(k)-Reg Pay	269.23	4,290.98
Dental	9.00	162.00
Employee HSA	26.87	429.95
Medical	57.00	1,020.06
Vision	1.50	27.14
Pre-Tax Parking Benefit		900.00
Total:	363.60	6,830.13

Post Tax Deductions

Payslip: Mansi Khanna (a740747): 09/10/2023
(USA_Regular) - Complete

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09/14/2023
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Description	Amount	YTD
BYOD Reimbursement	(25.00)	(200.00)
Group LTD Insurance	6.15	110.70
Basic Life Imputed Offset	6.92	124.56
Total:	(11.93)	35.26

Memos

Description	Amount	YTD
Base Compensation	3,846.16	70,528.98
Total:	3,846.16	70,528.98

Subject or Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	3,758.71	68,114.39
Medicare - Taxable Wages	3,758.71	68,114.39
Federal Withholding - Taxable Wages	3,489.48	63,823.41
State Tax Taxable Wages - CT	0.00	12,052.72
State Tax Taxable Wages - CT	0.00	36,024.29
State Tax Taxable Wages - MA	3,489.48	27,799.12

Withholding

Description	Federal	Work State
Marital Status	Single or Married filing separately	
Allowances	0	0
Additional Withholding	0	

Paid Time off

Description	Accrued	Reduced	Available
COVIDReliefTimeOff	0.00	0.00	40.00
Paid Time Off	15.34	0.00	145.31

Payment Information

Bank	Account Name	Account Number	Amount in Pay Group Currency	Pay Group Currency
PNC	PNC *****9923	*****9923	2,301.42	USD
Digital Federal Credit Union	Digital Federal Credit Union *****7092	*****7092	255.71	USD
Total:			2,557.13	

Payslip: Mansi Khanna (a740747): 08/27/2023
(USA_Regular) - Complete

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09/13/2023
Page 1 of 2

Company Information

Name	Address	Phone
Fidelity Technology Group, LLC	245 Summer Street Boston, MA 02210 United States of America	+1 (800) 835-5099

Payslip Information

Name	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Mansi Khanna	a740747	08/14/2023	08/27/2023	09/01/2023	

Current and YTD Totals

Balance Period	Hours Worked	Gross Pay	Pre Tax Deductions	Taxes	Post Tax Deductions	Net Pay
Current	0.00	3,853.08	363.59	944.27	13.07	2,532.15
YTD	0.00	66,800.46	6,466.53	16,986.01	47.19	43,300.73

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Base Compensation	08/14/2023 - 08/27/2023	0.00	0.00	3,846.16	66,682.82
Employer HSA	08/14/2023 - 08/27/2023	0.00	0.00	0.00	500.00
Basic Life Imputed	08/14/2023 - 08/27/2023	0.00	0.00	6.92	117.64
Total:				3,853.08	67,300.46

Taxes

Description	Amount	YTD
OASDI	233.04	3,990.05
Medicare	54.50	933.16
Federal Withholding	470.01	7,790.76
State Tax - CT		339.57
State Tax - CT		2,518.33
State Tax - MA	174.47	1,115.49
CT Family and Medical Leave - CTFML		255.78
MAPFL - MAPFL	4.24	14.83
MAPML - MAPML	8.01	28.04
Total:	944.27	16,986.01

Pre Tax Deductions

Description	Amount	YTD
401(k)-Reg Pay	269.23	4,021.75
Dental	9.00	153.00
Employee HSA	26.86	403.08
Medical	57.00	963.06
Vision	1.50	25.64
Pre-Tax Parking Benefit		900.00
Total:	363.59	6,466.53

Post Tax Deductions

Payslip: Mansi Khanna (a740747): 08/27/2023
(USA_Regular) - Complete

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09/13/2023
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Description	Amount	YTD
BYOD Reimbursement		(175.00)
Group LTD Insurance	6.15	104.55
Basic Life Imputed Offset	6.92	117.64
Total:	13.07	47.19

Memos

Description	Amount	YTD
Base Compensation	3,846.16	66,682.82
Total:	3,846.16	66,682.82

Subject or Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	3,758.72	64,355.68
Medicare - Taxable Wages	3,758.72	64,355.68
Federal Withholding - Taxable Wages	3,489.49	60,333.93
State Tax Taxable Wages - CT	0.00	12,052.72
State Tax Taxable Wages - CT	0.00	36,024.29
State Tax Taxable Wages - MA	3,489.49	24,309.64

Withholding

Description	Federal	Work State
Marital Status	Single or Married filing separately	
Allowances	0	0
Additional Withholding	0	

Paid Time off

Description	Accrued	Reduced	Available
COVIDReliefTimeOff	0.00	0.00	40.00
Paid Time Off	0.00	0.00	129.97

Payment Information

Bank	Account Name	Account Number	Amount in Pay Group Currency	Pay Group Currency
PNC	PNC *****9923	*****9923	2,278.94	USD
Digital Federal Credit Union	Digital Federal Credit Union *****7092	*****7092	253.21	USD
Total:			2,532.15	

Payslip: Mansi Khanna (a740747): 08/13/2023
(USA_Regular) - Complete

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09/14/2023
Page 1 of 2

Company Information

Name	Address	Phone
Fidelity Technology Group, LLC	245 Summer Street Boston, MA 02210 United States of America	+1 (800) 835-5099

Payslip Information

Name	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Mansi Khanna	a740747	07/31/2023	08/13/2023	08/18/2023	

Current and YTD Totals

Balance Period	Hours Worked	Gross Pay	Pre Tax Deductions	Taxes	Post Tax Deductions	Net Pay
Current	0.00	3,853.08	363.60	944.29	(11.93)	2,557.12
YTD	0.00	62,947.38	6,102.94	16,041.74	34.12	40,768.58

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Base Compensation	07/31/2023 - 08/13/2023	0.00	0.00	3,846.16	62,836.66
Employer HSA	07/31/2023 - 08/13/2023	0.00	0.00	0.00	500.00
Basic Life Imputed	07/31/2023 - 08/13/2023	0.00	0.00	6.92	110.72
Total:				3,853.08	63,447.38

Taxes

Description	Amount	YTD
OASDI	233.04	3,757.01
Medicare	54.51	878.66
Federal Withholding	470.01	7,320.75
State Tax - CT		339.57
State Tax - CT		2,518.33
State Tax - MA	174.47	941.02
CT Family and Medical Leave - CTFML		255.78
MAPFL - MAPFL	4.24	10.59
MAPML - MAPML	8.02	20.03
Total:	944.29	16,041.74

Pre Tax Deductions

Description	Amount	YTD
401(k)-Reg Pay	269.23	3,752.52
Dental	9.00	144.00
Employee HSA	26.87	376.22
Medical	57.00	906.06
Vision	1.50	24.14
Pre-Tax Parking Benefit		900.00
Total:	363.60	6,102.94

Post Tax Deductions

Payslip: Mansi Khanna (a740747): 08/13/2023
(USA_Regular) - Complete

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09/14/2023
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Description	Amount	YTD
BYOD Reimbursement	(25.00)	(175.00)
Group LTD Insurance	6.15	98.40
Basic Life Imputed Offset	6.92	110.72
Total:	(11.93)	34.12

Memos

Description	Amount	YTD
Base Compensation	3,846.16	62,836.66
Total:	3,846.16	62,836.66

Subject or Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	3,758.71	60,596.96
Medicare - Taxable Wages	3,758.71	60,596.96
Federal Withholding - Taxable Wages	3,489.48	56,844.44
State Tax Taxable Wages - CT	0.00	12,052.72
State Tax Taxable Wages - CT	0.00	36,024.29
State Tax Taxable Wages - MA	3,489.48	20,820.15

Withholding

Description	Federal	Work State
Marital Status	Single or Married filing separately	
Allowances	0	0
Additional Withholding	0	

Paid Time off

Description	Accrued	Reduced	Available
COVIDReliefTimeOff	0.00	0.00	40.00
Paid Time Off	15.34	0.00	129.97

Payment Information

Bank	Account Name	Account Number	Amount in Pay Group Currency	Pay Group Currency
PNC	PNC *****9923	*****9923	1,278.56	USD
Digital Federal Credit Union	Digital Federal Credit Union *****7092	*****7092	1,278.56	USD
Total:			2,557.12	