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

Receipt Number LIN1912451064		Case Type 1129 - PETITION FOR A NONIMMIGRANT WORKER	
Received Date 03/14/2019	Priority Date	Petitioner HCL AMERICA, INC.,	
Notice Date 10/02/2019	Page 1 of 2	Beneficiary AMBUR BALAKRISHNAN PRABHAKARAN, NIRMAL	

HCL AMERICA, INC. c/o LAURA BLACK FRAGOMEN DEL REY BERNSEN LOEWY LLP 100 HIGH STREET FLR 3 BOSTON MA 02110 Notice Type: Approval Notice Class: H1B Valid from 04/01/2019 to 08/14/2021

The above petition and accompanying request for an extension of stay have been approved. The status of the named beneficiary(ies) in this classification is valid as indicated on the I-94 attached below. The beneficiary(ies) can work for the petitioner pursuant to this approval notice, but only as detailed in the petition and during the petition validity period indicated above, unless otherwise authorized by law. Changes in employment or training may require you to file a new Form I-129, Petition for a Nonimmigrant Worker.

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

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

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

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

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

Nebraska Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 82521
Lincoln NE 68501-2521

Customer Service Telephone: 800-375-5283



PLEASE TEAR OFF FORM 1-94 PRINTED BELOW AND STAPLE TO ORIGINAL 1-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# LIN1912451064

I-94# 849381620 85

NAME AMBUR BALAKRISHNAN PRABHAKARAN, NIRMAL

CLASS HIB

VALID FROM 04/01/2019 UNTIL 08/24/2021

PETITIONER

HCL AMERICA, INC., 330 POTRERO AVENUE SUNNYVALE CA 94085 849381620 85

Receipt Number LIN1912451064

US Citizenship and Immigration Services

194 Departure Record

Petitioner: HCL AMERICA, INC.

14. Family Name

AMBUR BALAKRISHNAN PRABHAKARAN

15. First (Given) Name NIRMAL

16. Date of Birth 12/08/1988

17. Country of Citizenship

INDIA

KOLLE UNITED STATES OF AMERICA

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

Receipt Number LIN1912451064		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 03/14/2019	Priority Date	Petitioner HCL AMERICA, INC.,
Notice Date 10/02/2019	Page 2 of 2	Beneficiary AMBUR BALAKRISHNAN PRABHAKARAN, NIRMAL

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

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

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

Nebraska Service Center U. S. CITIZENSHIP & IMMIGRATION SVC P.O. Box 82521 Lincoln NE 68501-2521

Customer Service Telephone: 800-375-5283



PLEASE TEAR OFF FORM 1-94 PRINTED BELOW AND STAPLE TO ORIGINAL 1-94 IF AVAILABLE

Detach This Half	for Personal Red	cords
Recelo@ID	VOID	VOID
I-94#	WOTD	MOID
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15. First (Given) Name		16. Date of Birth	
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