



BHAGWATI & ASSOCIATES

WE SERVE TO SUCCEED!

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BIOGRAPHIC FORM

Kindly complete this form and return it to our office at your earliest convenience.

Your complete answers to all items will help expedite the processing of your application. Should there be any items which are not applicable to you, please write 'Not Applicable' or 'None'. If you do not know the answer to any item, please indicate that you do not know. If you need additional space add extra sheets.

PLEASE DO NOT LEAVE ANY ITEMS BLANK

(Use a Blue Pen to complete this form)

READ ABOVE INSTRUCTIONS BEFORE COMPLETING FORM

1. NAME _____ 2. ALIEN REGISTRATION NO. (A #) _____
First : UDAY _____ A 205 698 108 _____
Middle : KUMAR _____ 3. TYPE OF VISA, if in US (B1, B2 etc.) _____
Surname : CHIPPADA _____ H1-B _____
(Last name/Family name)
4. SOCIAL SECURITY NO. : _____ 268-06-4834 _____
5. I-94 NO. : _____ 90765811785 _____
6. PRESENT MAILING ADDRESS
In case of (if Applicable) : _____ 6032 CACTUS VALLEY RD _____
Apartment No.(If any) : _____ - _____
Number & Street : _____
City : CHARLOTTE State/Province : NC Zip : 28277
Country: USA
Tel: (H): _____ (M): 718-208-7547 (W): _____



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ADDRESS TO WHICH YOU WILL RETURN (if different from above. Note that this is your address in your home country, if applying for a non-immigrant visa e.g. H or L)

7. SEX : MALE FEMALE
8. MARITAL STATUS : MARRIED SINGLE
9. DATE OF BIRTH : (mm/dd/yyyy) 07/05/1979
10. PLACE OF BIRTH : City/Town : KAKINADA, AP
Province/State : INDIA
Country :

11. PRESENT NATIONALITY OR CITIZENSHIP (Country) : INDIA

12. ADDRESS IN US WHERE YOU WILL RESIDE (Including Telephone #)

6032 CACTUS VALLEY RD, CHARLOTTE, NC 28277 718-208-7547

13. SPOUSE AND CHILDREN

Number of your living children : 2

Names, date and place of birth of spouse and all unmarried children under age 21.

NAME	DATE OF BIRTH	PLACE OF BIRTH (City/Town, State & Country)
<u>SUDHA SINGAVARAPU</u>	<u>08/30/1980</u>	<u>VISAKHAPATNAM, INDIA</u>
<u>ADVIK CHIPPADA</u>	<u>10/12/2013</u>	<u>CHARLOTTE, NC, USA</u>
<u>KARTHIK CHIPPADA</u>	<u>01/04/2017</u>	<u>CHARLOTTE, NC, USA</u>

TYPE OF VISA A#, Social Security # and I-94 # if in the USA as applicable :
Do not leave blank. Use None or Not Applicable.

Name	Type of Visa	Social Security #	I-94	A#
<u>SUDHA SINGAVARAPU</u>	<u>H4</u>	<u>629-88-7813</u>	<u>90767164785</u>	



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14. OCCUPATION IN WHICH YOU ARE SEEKING WORK (Please give the specific job title, e.g. "Systems Analyst" or "Programmer or Chemist etc.)

SENIOR SOFTWARE ENGINEER

15. EDUCATION AND TRAINING (Please give the following, including all schools, universities, colleges, as well as trade and vocational training facilities, you have attended. Complete the column "RECEIVED" by indicating the specific title or the name of the degree received, if any-for example B.S, M.S, Ph.D.. If a license, certificate or diploma was issued up on completion of the course, so indicate. If the course was not completed so indicate. Start from high school and add additional sheets if necessary.

School, College, University or other Entity (Name & Address)	Field of Study (Major/Specialization)	FROM Mth/Yr	TO Mth/Yr	Received
RUTGERS UNIVERSITY	MECHANICAL ENGR	03/2003	01/2010	PHD
UNIV. OF CINCINNATI	MECHANICAL ENGR.	08/2000	02/2003	MS
OSMANIA UNIVERSITY	MECHANICAL ENGR	08/1996	05/2000	BS

Did you acquire any skill or abilities in the above mentioned educational or training programs which helped you to qualify for the occupation you listed in Item #14 ?

YES/NO

If you checked "YES", please list the specific skills or abilities below :

Took several Computer Engineering courses as part of BS, MS, PHD

16. SPECIAL QUALIFICATIONS AND SKILLS (Please give any additional qualifications and skills that you possess which would help to establish that you meet the requirements for the occupation listed in Item #14. Include here any unusual occupational abilities, such as language skills, computer language skills, experience with specialized hardware, etc. PLEASE BE SPECIFIC)

JAVA CERTIFICATION

What tools, machines or equipment, if any, are you qualified to operate, in connection with your job ?

N/A

What licenses or memberships (professional/journeyman, etc..) you possess, if any ?

N/A



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17. DOCUMENTS (List documents which can be submitted as evidence that you possess the education, training, skills, abilities, or work experience represented in this application and which would qualify you for the occupation stated in Item #14.

A. Diplomas, Certificates, Degrees

BS, MS, PhD Degree Certificates

B. School Records (Please list by name of school and period of attendance)

N/A

C. Affidavits or Reference Letters of Former Employers, Colleagues, Clients (Please list by name)

N/A

	Employer	Client	Colleague
Aff/Ltr of _____	Former *	*	*
Aff/Ltr of _____	Former *	*	*
Aff/Ltr of _____	Former *	*	*
Aff/Ltr of _____	Former *	*	*

D. Licenses, Professional or Trade Memberships

N/A

E. Published Materials, Awards or Prizes

N/A

18. Work Experience (List jobs which you have held during the past Three (03) years including your present job. Also, list any other job you have held prior to the past three years, which are related to the occupation listed in item #14. Also provide a Resume that lists all jobs held, dates of employment, job title and job description.)

i. NAME AND ADDRESS OF THE EMPLOYER

GAUS TECHNOLOGIES PVT LTD, CLIENT: PREMIER INC

Name of Job Held by you : SENIOR SOFTWARE ENGINEER

Date Started: 04 (month) 2019 (year) Date Left : _____ (month) _____ (year)

Kind/Nature of Business: HEALTH CARE

No. of hours you worked per week: 40



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Describe in detail the duties performed by you and tools, machines or equipment used by you in the performance of the job (be specific) :

Duties

JOB DUTIES ATTACHED AS WORD DOCUMENT

Tools, Equipment, etc..

HADOOP, ETL, JAVA, POSTGRE SQL, BAMBOO, MICROSTRATEGY

ii. NAME AND ADDRESS OF THE EMPLOYER

DIVERSANT LLC, CLIENT: BANK OF AMERICA

101 N TRYON STREET, CHARLOTTE, NC 28202

Name of Job Held by you : APPLICATION PROGRAMMER (SOFTWARE DEVELOPER)

Date Started: 08 (month) 2018 (year) Date Left : 04 (month) 2019 (year)

Kind/Nature of Business: FINANCIAL

No. of hours you worked per week: 40

Describe in detail the duties performed by you and tools, machines or equipment used by you in the performance of the job (be specific) :

Duties

ATTACHED IN RESUME

Tools, Equipment, etc..

iii. NAME AND ADDRESS OF THE EMPLOYER

INVENSYS INC, CLIENT: PREMIER INC

Name of Job Held by you : SOFTWARE ENGINEER

Date Started: 03 (month) 2015 (year) Date Left : 02 (month) 2018 (year)

Kind/Nature of Business: HEALTH CARE

No. of hours you worked per week: 40

Describe in detail the duties performed by you and tools, machines or equipment used by you in the performance of the job (be specific):

Duties

ATTACHED IN RESUME

Tools, Equipment, etc..

iv NAME AND ADDRESS OF THE EMPLOYER

INVENSYS INC, CLIENT: WELLS FARGO

202 S TRYON STREET, CHARLOTTE NC 28202

Name of Job Held by you : AUTOMATION ENGINEER

Date Started: 01 (month) 2013 (year) Date Left : 02 (month) 2015 (year)

Kind/Nature of Business: FINANCIAL

No. of hours you worked per week: 40

Describe in detail the duties performed by you and tools, machines or equipment used by you in the performance of the job (be specific) :

Duties

Tools, Equipment, etc..

19. ENTRIES INTO THE USA (List the following details for all trips to the US for Self, Spouse and all Children) :

S.No	Dates (dd/mm/yy) (From To)	Employer, Location if for Self other wise state spouse or child	Visa (B,F,H,L etc..)
1	08/14/2000 - 06/15/2001	UNIVERSITY OF CINCINNATI	F1
2	09/07/2001 - 08/08/2004	UNIVERSITY OF CINCINNATI & ROTGERS UNIVERSITY	F1
3	08/28/2004 - 07/28/2006	RUTGERS UNIVERSITY	F1
4	08/28/06 - 02/13/18	RUTGERS UNIVERSITY / INVENSYS INC	F1/H1
5	03/13/18 - 12/15/19	INVENSYS INC / DIVERSANT LLC / GAUS TECH	H1
6	01/10/19 - PRESENT	GAUS TECH	H1

20. ENTRIES INTO THE USA (Cont'd)

* Date last entered into the USA (date should be on I-94 as well as in passport.)

Entry Data
(dd/mm/yy)

Passport Number

Passport Issue
date (dd/mm/yy)

Passport Expiration
date(dd/mm/yy)

Self T1611466 07/03/2019 26/03/2029



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Spouse K0740759 19/10/2011 18/10/2021

Child _____

Child _____

21. OTHER INFORMATION (provide any other information that you feel is relevant to this petition).

.....*Use additional sheet, if required.*