



**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) Bhagwati

2.b. Given Name (First Name) Vijay

2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name 168 Franklin Corner Road, Bldg 2

3.b. Apt. Ste. Flr. 240

3.c. City or Town Lawrenceville

3.d. State NJ 3.e. ZIP Code 08648

3.f. Province

3.g. Postal Code

3.h. Country

United States of America

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

6098441256

5. Mobile Telephone Number (if any)

6. Email Address (if any)

vijay.bhagwati@bhagwatilaw.com

7. Fax Number (if any)

6094792799

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

NY

- 1.b. Bar Number (if applicable)

NY-4678025

- 1.c. I (select **only one** box) am not am subject to any order suspending, enjoining, restraining, disbarring, 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)

Bhagwati & Associates, PLLC

- 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)

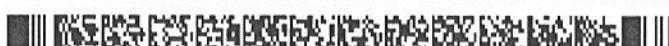
3. I am associated with

,

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, I-129H, I-129DC

- 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) Shenoy
6.b. Given Name (First Name) Narasimha
6.c. Middle Name
7.a. Name of Entity (if applicable) GAVS Technologies N.A., Inc.
7.b. Title of Authorized Signatory for Entity (if applicable) Chief Financial Officer
8. Client's USCIS Online Account Number (if any)
►
9. Client's Alien Registration Number (A-Number) (if any)
► A-

Client's Contact Information

10. Daytime Telephone Number

6099512256

11. Mobile Telephone Number (if any)

12. Email Address (if any)

Narasimha.Shenoy@gavstech.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 116 Village Blvd.

13.b. Apt. Ste. Flr. 200

13.c. City or Town Princeton

13.d. State NJ 13.e. ZIP Code 08540

13.f. Province

13.g. Postal Code

13.h. Country

United States of America

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.

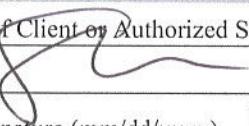
- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel 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

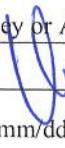
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- 2.b. Date of Signature (mm/dd/yyyy) 04/17/2020

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) 04/17/2020

- 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.

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

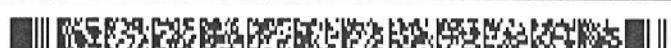
4.d.

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

5.d.

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 10/31/2021

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

2. Company or Organization Name

GAVS Technologies N.A., Inc.

3. Mailing Address of Individual, Company or Organization

[\(USPS ZIP Code Lookup\)](#)

In Care Of Name

Narasimha Shenoy, Chief Financial Officer

Street Number and Name

116 Village Blvd.

Apt. Ste. Flr. Number

200

City or Town

Princeton

State

NJ 08540 ZIP Code

Province

Postal Code

Country

United States of America

4. Contact Information

Daytime Telephone Number

609-951-2256

Mobile Telephone Number

Email Address (if any)

Narasimha.Shenoy@gavstech.com

5. Other Information

Federal Employer Identification Number (FEIN)

► 26-1889502

Individual IRS Tax Number

►

U.S. Social Security Number (if any)

►

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

1. Requested Nonimmigrant Classification (Write classification symbol): **H1B**
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." ► **E A C 1 9 1 5 0 5 2 1 8 9**
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**

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

2. Provide Name of Beneficiary

Family Name (Last Name)

Given Name (First Name)

Middle Name

CHIPPADA**UDAY KUMAR**

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

Family Name (Last Name)

Given Name (First Name)

Middle Name

4. Other Information

Date of birth (mm/dd/yyyy)

Gender

U.S. Social Security Number (if any)

07/05/1979 Male Female► **2 6 8 0 6 4 8 3 4**

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-

2	0	5	6	9	8	1	0	8
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 INDIA

Province of Birth

KAKINADA, ANDHRA PRADESH

Country of Citizenship or Nationality

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

01/10/2020 ►

4	3	5	3	1	7	3	3	8	A	2
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 T1611466

Date Passport or Travel Document Issued (mm/dd/yyyy)

03/27/2019

Date Passport or Travel Document Expires (mm/dd/yyyy)

03/26/2029

Passport or Travel Document Country of Issuance

India

Current Nonimmigrant Status

H1B - SPECIALITY OCCUPATION

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

06/30/2020

Student and Exchange Visitor Information System (SEVIS) Number (if any)

Employment Authorization Document (EAD) Number (if any)

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

Street Number and Name

6032 Cactus Valley Road

Apt. Ste. Flr. Number

City or Town

Charlotte

State

NC

ZIP Code

28277

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)

c. U.S. State or Foreign Country

d. Beneficiary's Foreign Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

Province

Postal Code

Country

2. Does each person in this petition have a valid passport? Yes No. If no, go to **Part 10.** 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? ► 1 No
6. Is any beneficiary in this petition in removal proceedings?
 Yes. If yes, proceed to **Part 10.** 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 10.** 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 10.** 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 10.** 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 10.** and type or print your explanation. No
- 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.

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

Senior Software Engineer

2. LCA or ETA Case Number

I-200-20099-470960

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

13034 Ballantyne Corporate Pl

Apt. Ste. Flr. Number

City or Town

Charlotte

State

NC

ZIP Code

28277

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: \$ per (Specify hour, week, month, or year) ►

YEAR

10. Other Compensation (Explain)

BENEFITS AND COMPENSATION

11. Dates of intended employment From: (mm/dd/yyyy) To: (mm/dd/yyyy)

12. Type of Business

IT SERVICES

13. Year Established

2008

14. Current Number of Employees in the United States 15. Gross Annual Income 16. Net Annual Income

154

\$31,772,469.00

Part 6. Information About The Beneficiary's Public Benefits

Part 6. only applies to petitions that also seek a change of a beneficiary's status or an extension of a beneficiary's nonimmigrant stay in the United States. If you are filing this petition without a request for the beneficiary's change of status or extension of stay, you may skip **Part 6**.

Provide the requested information and submit documentation as outlined in the Instructions. For additional beneficiaries, please respond to the questions in **Attachment 1** below.

Part 6. Information About The Beneficiary's Public Benefits (continued)

1. Has the beneficiary received, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, the following public benefits? (select all that apply).

Yes, the beneficiary has received or is currently certified to receive the following public benefits: (select all that apply)

- Any Federal, State, local or tribal cash assistance for income maintenance
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- General Assistance (GA)
- Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
- Section 8 Housing Assistance under the Housing Choice Voucher Program
- Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
- Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
- Federally-Funded Medicaid

No, the beneficiary has not received any of the above listed public benefits.

No, the beneficiary is not certified to receive any of the above listed public benefits.

2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information**. Submit evidence as outlined in the Instructions.

A. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

B. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

C. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

Part 6. Information About The Beneficiary's Public Benefits (continued)

D. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

3. If you answered "Yes" to **Item Number 1.**, do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129 Instructions.

- The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- The beneficiary is the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.
- At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.
- The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
- None of the above statements apply to the beneficiary.

4. Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply): Submit evidence as outlined in the Instructions.

- An emergency medical condition
- For a service under the Individuals with Disabilities Education Act (IDEA)
- Other school-based benefits or services available up to the oldest age eligible for secondary education under State law
- While under the of age 21
- While pregnant or during the 60-day period following the last day of pregnancy

5. Provide the applicable dates From: (mm/dd/yyyy)

To: (mm/dd/yyyy)

Part 7. 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 8. 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)

Shenoy

Given Name (First Name)

Nara

Title

Chief Financial Officer

2. Signature and Date

Signature of Authorized Signatory

Date of Signature (mm/dd/yyyy)

→ 04/17/2020

3. Signatory's Contact Information

Daytime Telephone Number

609-951-2256

Email Address (if any)

narasingha.shenoy@gavstech.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 9. 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)

Bhagwati

Given Name (First Name)

Vijay

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).)

Bhagwati & Associates, PLLC

3. Preparer's Mailing Address

Street Number and Name

168 Franklin Corner Road, Bldg 2

Apt. Ste. Flr. Number

240

City or Town

Lawrenceville

State

NJ

ZIP Code

08648

Province

Postal Code

Country

United States of America

4. Preparer's Contact Information

Daytime Telephone Number

6098441256

Fax Number

6094792799

Email Address (if any)

vijay.bhagwati@bhagwatilaw.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)

04/17/2020

Part 10. 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 10.** 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	0	5	6	9	8	1	0	8
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2. Page Number

Part Number

Item Number

PETITIONER HAS AN APPROVED H1B PETITION THAT WAS FILED ON BEHALF OF THE
BENEFICIARY VIDE RECEIPT NUMBER EAC1915052189. H1B APPROVAL IS VALID FROM 04/22/2019
TO 06/30/2020.

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 10/31/2021

1. Name of the Petitioner

GAVS Technologies N.A., Inc.

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

- 2.a. Name of the Beneficiary

Uday Kumar Chippada

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
Uday Kumar Chippada-H1B	01/10/2020	PRESENT
Uday Kumar Chippada-H1B	03/13/2018	12/15/2019

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).

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

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

1. Describe the proposed duties.

PLEASE SEE ATTACHED PETITIONER'S SUPPORT LETTER.

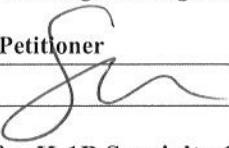
2. Describe the beneficiary's present occupation and summary of prior work experience.

PLEASE SEE ATTACHED PETITIONER'S SUPPORT LETTER.

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

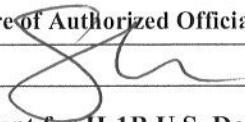
By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the 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 Narasimha Shenoy	Date (mm/dd/yyyy) 04/17/2020
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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 Narasimha Shenoy	Date (mm/dd/yyyy) 04/17/2020
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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)
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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 10/31/2021

1. Name of the Petitioner

GAVS Technologies N.A., Inc.

2. Name of the Beneficiary

Uday Kumar Chippada

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, MEng, MEd, MSW, MBA)
- c. Some college credit, but less than 1 year h. Professional degree (for example: MD, DDS, DVM, LLB, JD)
- d. One or more years of college, no degree i. Doctorate degree (for example: PhD, EdD)
- e. Associate's degree (for example: AA, AS)

3. Major/Primary Field of Study

Ph.D in Philosophy

4. Rate of Pay Per Year

\$105,000.00

5. DOT Code

0	3	0
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6. NAICS Code

5	4	1	5	1	1
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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
[Redacted]
- b. Date Degree Awarded c. Type of United States Degree
[Redacted] [Redacted]
- d. Address of the United States institution of higher education
Street Number and Name
[Redacted] Apt. Ste. Flr. Number
[Redacted]
City or Town State ZIP Code
[Redacted] [Redacted] [Redacted]

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. Yes No
3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. Yes No

Labor Condition Application for Nonimmigrant Workers
Form ETA-9035 & 9035E
U.S. Department of Labor



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 <http://www.foreignlaborcert.dol.gov>. 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 * Senior Software Engineer			
2. SOC (ONET/OES) code * 15-1132.00	3. SOC (ONET/OES) occupation title * Software Developers, Applications		
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment 5. Begin Date * 6/30/2020 (mm/dd/yyyy) 6. End Date * 6/29/2023 (mm/dd/yyyy)		
7. Worker positions needed/basis for the visa classification supported by this application			
<table border="1"><tr><td>1</td><td>Total Worker Positions Being Requested for Certification *</td></tr></table>		1	Total Worker Positions Being Requested for Certification *
1	Total Worker Positions Being Requested for Certification *		
Basis for the visa classification supported by this application (indicate total workers in each applicable category)			
0	a. New employment *	0	d. New concurrent employment *
1	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 * GAVS Technologies N.A. Inc.		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1 * 116 Village Blvd.		
4. Address 2 Suite 200		
5. City * Princeton	6. State * New Jersey	7. Postal code * 08540
8. Country * United States Of America		9. Province
10. Telephone number * +1 (609) 951-2256		11. Extension
12. Federal Employer Identification Number (FEIN from IRS) * 26-1889502		13. NAICS code (must be at least 4-digits) * 541511

Labor Condition Application for Nonimmigrant Workers
Form ETA-9035 & 9035E
U.S. Department of Labor



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)
Shenoy	Narasimha	
4. Contact's job title *		
Chief Financial Officer		
5. Address 1 *		
116 Village Blvd.		
6. Address 2		
Suite 200		
7. City *	8. State *	9. Postal code *
Princeton	New Jersey	08540
10. Country *	11. Province	
United States Of America		
12. Telephone number *	13. Extension	14. E-Mail address
+1 (609) 951-2256		narasimha.shenoy@gavstech.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? * If "Yes," complete the remainder of Section E below.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Attorney or Agent's last (family) name §	3. First (given) name §	4. Middle name(s)
Bhagwati	Vijay	
5. Address 1 §		
168 Franklin Corner Road		
6. Address 2		
Bldg. 2, Suite 240		
7. City §	8. State §	9. Postal code §
Lawrenceville	New Jersey	08648
10. Country §	11. Province	
United States Of America		
12. Telephone number §	13. Extension	14. E-Mail address
+1 (609) 844-1256		vijay.bhagwati@bhagwatilaw.com
15. Law firm/Business name §	16. Law firm/Business FEIN §	
Bhagwati & Associates, PLLC.	27-0599576	
17. State Bar number (only if attorney) §	18. State of highest court where attorney is in good standing (only if attorney) §	
NY-4678025	New York	
19. Name of the highest State court where attorney is in good standing (only if attorney) §		
Court of Appeals		

Labor Condition Application for Nonimmigrant Workers
Form ETA-9035 & 9035E
U.S. Department of Labor



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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. § Premier Inc.	
4. Address 1 * 13034 Ballantyne Corporate PI	
5. Address 2	
6. City * Charlotte	7. County * Mecklenburg
8. State/District/Territory * North Carolina	9. Postal code * 28277
10. Wage Rate Paid to Nonimmigrant Workers *	10a. Per: (Choose only one)* <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
From* \$ 89918 . 00	To: \$ _____ . _____
11. Prevailing Wage Rate * \$ 89918 . 00	11a. Per: (Choose only one)* <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): § <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	b. Source Year § 7/1/2019 - 6/30/2020
14. <input type="checkbox"/> A PW obtained using another legitimate source (other than OES) or an independent authoritative source a. Source Type (check one): § <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/ PW Survey	b. Source Year §
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 §	

Labor Condition Application for Nonimmigrant Workers
Form ETA-9035 & 9035E
U.S. Department of Labor



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. <u>I have read and agree to</u> 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
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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 checked="" type="checkbox"/> Yes <input 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> N/A
--	--

Labor Condition Application for Nonimmigrant Workers
Form ETA-9035 & 9035E
U.S. Department of Labor



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

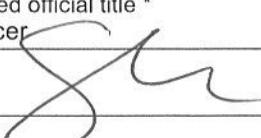
- A. Upon receipt of the certified LCA, the employer must take the following actions:

- Print and sign a hard copy of the LCA if filing electronically (20 CFR 655.730(c)(3));
- 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
- 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 *	2. First (given) name of hiring or designated official *	3. Middle initial §
Shenoy	Narasimha	
4. Hiring or designated official title *		
Chief Financial Officer		
5. Signature *	6. Date signed *	
	04-17-2020	

Labor Condition Application for Nonimmigrant Workers
Form ETA-9035 & 9035E
U.S. Department of Labor



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 §	2. First (given) name §	3. Middle initial
4. Firm/Business name §		
5. E-Mail address §		

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 6/30/2020 to 6/29/2023.


Casper J. O'Brien

Department of Labor, Office of Foreign Labor Certification

4/15/2020

Certification Date (date signed)

I-200-20099-470960

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).

N. OMB Paperwork Reduction Act (1205-0310)

These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Your response is required to receive the benefit of consideration of your application. (Immigration and Nationality Act, Section 212(n) and (t) and 214(c)). Public reporting burden for this collection of information, which is to assist with program management and to meet Congressional and statutory requirements, is estimated to average 75 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Foreign Labor Certification, 200 Constitution Ave., NW, Box PPII 12-200, Washington, DC, 20210. (Paperwork Reduction Project OMB 1205-0310.) **Do NOT send the completed application to this address.**



GAVS Technologies N.A. Inc.

116 Village Blvd. Princeton, NJ, 08648 USA

April 17, 2020

USCIS Nebraska Service Center
850 S Street1
Lincoln, NE 685081

**Re: H1B Extension Petition by GAVS Technologies, N.A., Inc.
On behalf of Uday Kumar Chippada**

Dear Sir/Madam,

This letter is submitted in support of the petitioner, GAVS Technologies N.A., Inc. to extend the H1B classification of beneficiary **Mr. Uday Kumar Chippada** as a non-immigrant in a specialty occupation, to serve as a Senior Software Engineer for the Petitioner on a temporary basis. The intended period of employment is for a period that is less than the statutorily allowed three years.

The Petitioning Employer: GAVS Technologies N.A., Inc.

GAVS brings over a decade of IT solutions and infrastructure implementation experience to several industries. Since its incorporation, it has been pioneering in aligning business, customer, and technology goals to create solution road maps that optimize business processes through technology for our clients. The range of services includes from Managed Database Services, Network and Communications, Storage & Backup, Security and Managed Service Desk. GAVS has several years of domain expertise in providing IT Infrastructure Solutions that utilize a Co-shore delivery model to provide the best talent, on time and on budget. The comprehensive IT Infrastructure Solutions enable businesses to enhance productivity, reduce costs and improve the focus on our clients' core competencies.

GAVS specializes in custom application development, integration of new and legacy environments, upgrades and support. Many organizations like banks, product companies, and service vendors have partnered with GAVS to develop and enhance the competitive advantage of enterprise mobility within their business processes. Our offerings include developing UI applications for mobile devices, enhancing data capabilities for data integration and validation, developing device capabilities to enable application transactions, creating and enabling mobile browser-based database applications, installing and configuring, 24/7 monitoring and end-user support. Our focused Remote Infrastructure Management Services help businesses in developing, building and managing a business critical IT Infrastructure system that is highly available, reliable & scalable to meet your growing business requirements. The Storage and Backup Services comply with best practices such as ITIL and adhere to stringent SLA requirements to ensure business continuity and security of business critical data. Our services include proactive Backup management, Routine Monitoring, Troubleshooting, Administration Planning & Implementation. Further, we provide Intrusion Detection and Prevention Systems, Remote Access VPN services, Anti-spam Filtering, Unified Threat Management, Vulnerability Assessment, Firewall Management and Security Log Analysis & Management

GAVS services include Desktop OS Support, Office Applications Support, Client VPN and Network Support, Virus/ Malware/ Spyware Support, Desktop Patch and Security upgrades, Active Directory - Account Maintenance, MS Exchange - Account Maintenance, Enterprise Application - Account Maintenance, Blackberry - Account Maintenance handheld device support, iPhone & Android Device Support.

Job Duties and Location of Work of Beneficiary

The Beneficiary is employed in the position of Senior Software Engineer. The beneficiary's location of work and job duties is as under:

Work Location: The Beneficiary provides their expertise from Petitioner's client location at 13034 Ballantyne Corporate Pl, Charlotte, NC, 28277.

Duties:

- As a Software Engineer, beneficiary is responsible for Hadoop ETL design and development. The primary function of the beneficiary is to analyze, design and develop solutions to complex applications problems, system administration issues or network concerns. Beneficiary takes part in daily and weekly scrum meetings to discuss the project requirements and plan for the project, analyzing the requirements, defining the scope for the given requirements. He utilizes his ETL knowledge, scripting and configuration skills to enable continuous integration of applications. He designs, initiates and handles technical designs, database design and implements the database query programming for the end users of the project, implementing models using scripting languages and tools. Beneficiary has vast experience in Hadoop ETL tools and database technologies including Hadoop, Map Reduce, Hive, Oozie, Scoop, Oracle and PostgreSQL which is critical for the project. *Beneficiary spends about 10% of his 40 weekly hours in performing this function.*
- The skills of creative thinking are very much essential in his day-to-day activities of beneficiary's job in order to develop, design, or create new applications, ideas, systems, or products, including new ideas contributions. *Beneficiary spends about 40% of his 40 weekly hours in performing this function.*
- Beneficiary is responsible for troubleshooting, installation and design and development and provides support to Society QCDR project by evaluating, testing and troubleshooting application issues. Beneficiary evaluates, troubleshoots and develops automation tools using GitHub, Jenkins and Maven. The beneficiary uses tools like Maven which is a build automation tool and automated code deployment tool. Maven addresses two aspects of building software: first, it describes how software is built, and second, it describes its dependencies. Beneficiary requires working in close association with project engineers in order to evaluate, identify problems and provide solutions to resolve conflicts of automation. Beneficiary observes and receives all system related information from all sources. Beneficiary uses his special skills of logic and reasoning for the alternative solutions and approaches to the problems. He evaluates the system and identifies

measures for application and system performance to meet the goals of the project. *Beneficiary spends about 20% of his 40 weekly hours in performing this function.*

- Beneficiary assesses and reviews the code to ensure its validity, structure so that it meets industry standards and is compatible with browsers, devices and operating systems. Beneficiary is responsible for unit testing, finding code errors and other errors in the web and mobile application. He is also responsible for correcting the errors through debugging and further code writing. He communicates & coordinates with other ETL developers and Premier Project Manager of Society QCDR project to ensure the quality of the product. *Beneficiary spends about 15% of his 40 weekly hours in performing this function.*
- Beneficiary is responsible for preparing documents of his job functions, technical details and other information of the system. He follows the Agile Scrum process and participates in sprint meetings. He creates items in the sprint backlog. Beneficiary prepares system design specification document, database design document, E-R diagrams and technical specifications. He maintains thorough and accurate documentation on all application systems and adheres to established programming and documentation standards. Beneficiary prepares system flow charts and diagrams to illustrate the sequence of steps that programs follow. Beneficiary uses these flow charts and diagrams to describe logical operations involved by making use of his knowledge of computers and business management. Beneficiary also prepares manuals to describe installation and operating procedures of the Hadoop ETL technical layer that is being implemented as part of the project. Further, beneficiary prepares and sends daily reports that include the progress of the Society QCDR Hadoop ETL work. He communicates with Managers and Peers to provide information through written form and e-mail. *Beneficiary spends about 15% of his 40 weekly hours in performing this function.*

Please note that GAVS meets the following H1B requirements;

1. Beneficiary will be paid the appropriate wage duly certified by the Secretary of the Department of Labor.
2. There exists Employer-Employee relationship between GAVS and Beneficiary and we have a direct Right to Control over the Beneficiary and Beneficiary work;
3. The position meets the standard for “Specialty Occupation” provided under Section 214(i)(l) of the Act, 8 U.S.C. 1184(i)(l);

1. Beneficiary's Wage

We do assert and confirm that we shall pay the beneficiary an appropriate wage that meets the prevailing wage requirements under the Labor Condition Application (“LCA”), duly certified by the Secretary of the United States Department of Labor (“USDOL”). *See Exhibits attached that includes the following documents:*

- i. Duly certified LCA by USDOL (*Exhibit II*);

ii. Appraisal Letter duly signed by Petitioner (*Exhibit V*).

2. Employer-Employee relationship And Right to Control

We do confirm that;

1. We will supervise the beneficiary and such supervision will be at our work location.
2. We will maintain such supervision directly.
3. We have the right to control the beneficiary on a day-to-day basis.
4. We will provide the Computer, telephone and other tools as may be needed for the beneficiary to perform the duties of employment.
5. We have hired the beneficiary and will pay, and have the ability to fire the beneficiary.
6. We will evaluate the work product of the beneficiary, i.e. progress/ performance reviews.
7. We will claim the beneficiary for tax purposes.
8. We will provide the beneficiary with all employee benefits such as Medical Insurance, Leave benefits and other benefits that may become available to other employees.
9. We have the ability to control the manner and means in which the work product of the beneficiary is accomplished.

In the support of the above assertion, enclosed herewith please find the following documents that convincingly establish by a preponderance of evidence that a valid employer-employee relationship exists between GAVS and Beneficiary and that GAVS has the direct right to control Beneficiary and his work;

- Appraisal Letter, duly accepted and endorsed by beneficiary and GAVS detailing terms and conditions of employment is attached in support (Please see attached in *Exhibit V*).

The Beneficiary's supervisor, who is employed by GAVS in a senior supervisory capacity, will supervise the beneficiary's daily work very closely. His duties as a direct supervisor of Beneficiary are following:

- Assign duties to Beneficiary, explain how those duties are to be done (i.e. what level of performance will meet the supervisor's expectations) and communicate how the successful performance of those duties will be measured;
- Ensure that the Beneficiary is working under a current job description and in a classification appropriate to the duties;
- Review Beneficiary's performance every week;
- Provide necessary instructions relating to the services provided by the Beneficiary;
- Disengage Beneficiary, as and when needed, at his sole discretion;
- Retain absolute control over the services provided by Beneficiary;

- Ensure that Beneficiary follows the organization's policies and procedures, e.g., for sick time, personal leave, overtime, contact with the media or press, confidentiality about organization information;

3. The position meets the standard for “Specialty Occupation” provided under Section 214(i) (l) of the Act, 8 U.S.C. 31184(i)(l);

Because:

(i) A Bachelor's degree or its equivalent is normally the minimum requirement for the particular position. Bachelor degree is related to the specialty occupation because Beneficiary possesses a Doctorate in Philosophy as follows;

- Ph.D in Philosophy from Rutgers, The State University of New Jersey, USA.
- Master of Science from University of Cincinnati, Ohio, USA.
- Bachelor of Engineering in Mechanical Engineering from Osmania University, Hyderabad, India.
 - (ii) The degree requirement is common for this position in the industry;
 - (iii) The employer normally requires a degree or its equivalent for the position;
 - (iv) The nature of the specific duties is so specialized and complex that the knowledge required to perform the duties is usually associated with the attainment of a bachelor's or higher degree. The skills needed to perform the job duties of the position are unique, complex and specialized because these require problem-solving and analytical skills and thus cannot be performed by anyone not possessing a baccalaureate or higher degree.

The proffered position requires theoretical and practical application of a body of highly specialized knowledge, and attainment of a bachelor's or higher degree in the specific specialty as a minimum. It is pertinent to note here that a baccalaureate or higher degree or its equivalent is normally the minimum requirement for entry into the particular position. This degree requirement is common to the industry in parallel positions among similar organizations. As detailed above under Job Duties, the job duties are so complex or unique that an individual who does not possess a bachelor's degree cannot perform those. GAVS has always required and further employed all its employees with a degree or equivalent for the position.

Beneficiary Education:

Mr. Uday Kumar Chippada has an impressive educational qualification and is clearly qualified for the position for which temporary employment is offered. He has obtained the following degree:

- Ph.D in Philosophy from Rutgers, The State University of New Jersey, USA.
- Master of Science from University of Cincinnati, Ohio, USA.
- Bachelor of Engineering in Mechanical Engineering from Osmania University, Hyderabad, India.

Professional Experience:

Mr. Uday Kumar Chippada has a widespread and extensive experience in Specialty Occupation, as exhibited on his attached Resume and experience letters from previous employers that simply evidences and justifies the fact of his immediate suitability for the position with the petitioning employer. His resume and experience letters are attached in support.

It is thus that having such merit and ability to handle such functions, Mr. Uday Kumar Chippada is the right candidate for the proffered position in our company. His experience will be of use in the position offered to him at our company.

The Company currently intends to continue the employment of the Beneficiary for a period not to exceed three years in the position offered. We understand the temporary scope of Beneficiary's employment. Beneficiary has also been informed of this condition of employment relationship. The total compensation will be in compliance with the prevailing wage listed on the Labor Condition Application duly certified by the Department of Labor. In addition, he will be eligible for the usual Company provided employee benefits.

Mr. Uday Kumar Chippada is a critical employee for GAVS Technologies N.A., Inc. We humbly request that our H1B extension on his behalf be granted at your earliest convenience. If you need any additional information, clarification or documents to assist you in processing this request, please get in touch with us so that we may comply with your request.

Sincerely,
For GAVS Technologies N.A. Inc.



Narasimha Shenoy
Chief Financial Officer