

THE UNITED STATES OF AMERICA

RECEIPT NUMBER WAC-14-208-51097		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE July 25, 2014	PRIORITY DATE	PETITIONER TATA CONSULTANCY SVCS LIMITED
NOTICE DATE August 1, 2014	PAGE 1 of 2	BENEFICIARY PERUMAL KALIAPPAN, VINOOTHKUMAR
VIC GOEL GOEL & ANDERSON LLC RE: TATA CONSULTANCY SVCS LIMITED 12100 SUNSET HILLS RD STE 301 RESTON VA 20190	Notice Type: Approval Notice Class: H1B Valid from 10/01/2014 to 12/31/2016 Consulate:	

The above petition for a change in the conditions of the employment or training that was previously authorized in this classification has been approved. It is valid for the period shown above. The named foreign worker(s) are authorized to be employed for this period pursuant to the terms and conditions of the petition.

If the petitioner requested that the temporary stay of the named foreign worker(s) be extended, then the named workers' temporary stay has been extended for the period shown above.

Since this employment or training authorization stems from the filing of this petition, separate employment or training authorization documentation is not required.

The petitioner should give the lower portion of this notice to the named foreign worker(s). The worker(s) must keep the lower portion with his or her previous Form I-94, Arrival-Departure Document. The worker(s) must show it when requested by USCIS or any other component of the U.S. Department of Homeland Security. The I-94 portion should be given to the U.S. Customs and Border Patrol when he or she leaves the United States.

The upper portion of this notice should be kept by the petitioner to show that employment or training of the named worker(s) is authorized. It must be shown if requested by USCIS or any other component of the U.S. Department of Homeland Security.

The petitioner may file Form I-824, Application for Action on an Approved Application or Petition, to request us to notify a new consulate, port of entry or pre-flight inspection office of this approval.

Please read the back of this form carefully for more information. If you have questions concerning tax withholding, please contact the Internal Revenue Service. Changes in employment or training may require you to

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

U.S. CITIZENSHIP & IMMIGRATION SVC

CALIFORNIA SERVICE CENTER

P. O. BOX 30111

LAGUNA NIGUEL CA 92607-0111

Customer Service Telephone: (800) 375-5283

Form I797A (Rev. 10/31/05)



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

Detach This Half for Personal Records

Receipt# WAC-14-208-51097

I-94# 017858978 28

NAME PERUMAL KALIAPPAN, VINOOTHKUMAR

CLASS H1B

VALID FROM 10/01/2014 UNTIL 12/31/2016

PETITIONER: TATA CONSULTANCY SVCS LIMITED
9201 CORPORATE BLVD STE 320
ROCKVILLE MD 20850

017858978 28

Receipt Number WAC-14-208-51097

United States Citizenship and Immigration Services

I-94

Departure Record

Petitioner: TATA CONSULTANCY SVCS LIMITED

14. Family Name
PERUMAL KALIAPPAN

15. First (Given) Name
VINOOTHKUMAR

16. Date of Birth
09/02/1986

17. Country of Citizenship
INDIA

UNITED STATES OF AMERICA

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(continued)
file a new Form I-129 petition.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.

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.ombudsman.sba.gov or phone 202-205-2417 or fax 202-481-5719.

NOTICE: Although this application/petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify the information submitted in this application, petition and/or supporting documentation to ensure conformity with applicable laws, rules, regulations, and other authorities. Methods used for verifying information may include, but are not limited to, the review of public information and records, contact by correspondence, the internet, or telephone, and site inspections of businesses and residences. Information obtained during the course of verification will be used to determine whether revocation, rescission, and/or removal proceedings are appropriate. Applicants, petitioners, and representatives of record will be provided an opportunity to address derogatory information before any formal proceeding is initiated.

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

U. S. CITIZENSHIP & IMMIGRATION SVC

CALIFORNIA SERVICE CENTER

P. O. BOX 30111

LAGUNA NIGUEL CA 92607-0111

Customer Service Telephone: (800) 375-5283

Form I797A (Rev. 10/31/05)N



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

Detach This Half for Personal Records			VOID	VOID	VOID	VOID	VOID	VOID
Receipt# I-94#	VOID	VOID	VOID	VOID	VOID	Receipt Number VOID	VOID	VQID
NAME	VOID	VOID	VOID	VOID	VOID	United States Citizenship and Immigration Services	VOID	VOID
CLASS	VOID	VOID	VOID	I-94	VOID	VOID	VOID	VOID
PETITIONER:	VOID	VOID	VOID	VOID	VOID	Departure Record Petitioner	VOID	VOID
	VOID	VOID	VOID	14. Family Name VOID	VOID	VOID	VOID	VQID
	VOID	VOID	VOID	15. First (Given) Name VOID	VOID	VOID	VOID	VOID
	VOID	VOID	VOID	17. Country of Citizenship VOID	VOID	VOID	VOID	VOID
	VOID	VOID	VOID		VOID	VOID	VOID	VOID
	VOID	VOID	VOID		VOID	VOID	VOID	VOID
	VOID	VOID	VOID		VOID	VOID	VOID	VOID
	VOID	VOID	VOID		VOID	VOID	VOID	VOID



12100 SUNSET HILLS ROAD
THIRD FLOOR
RESTON, VIRGINIA 20190

July 23, 2014

TELEPHONE: 703.796.9898
FACSIMILE: 703.796.9005
WWW.GEELLAW.COM

VIA FEDERAL EXPRESS

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
California Service Center
Premium Processing Unit
24000 Avila Road
2nd Floor, Room 2312
Laguna Niguel, CA 92677

RE: Form I-129, H-1B Extension Petition
Petitioner: Tata Consultancy Services Limited
Beneficiary: Vinothkumar PERUMAL KALIAPPAN

Dear Immigration Officer:

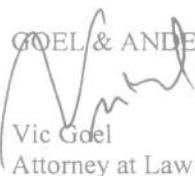
I represent petitioner Tata Consultancy Services Limited in regard to the enclosed H-1B petition filed on behalf of the above-captioned beneficiary.

In support of this petition, enclosed is the following:

- **Form G-28, Notice of Entry as Attorney**, two originals.
- **Form I-129, Petition for Nonimmigrant Worker**, two originals, with filing fee of \$325.00 and ACWIA fee of \$1,500.00.
- **Form I-129, H Supplement**, two originals.
- **Form I-129W, H-1B Data Collection & Filing Fee Exemption**, two originals.
- **Form ETA-9035E, Labor Condition Application**, two copies.
- **Petitioner's Support Letter**, two originals.
- **Beneficiary's Supporting Documentation**, two copies each:
 - Academic credentials
 - Résumé and experience credentials
 - Passport

At this time, we respectfully request your prompt adjudication and approval of the enclosed H-1B petition. Should you require any additional information or documentation to complete the adjudication of the enclosed H-1B petition, please contact me directly at (703) 796-9662.

Respectfully Submitted,


GOEL & ANDERSON, LLC
Vic Goel
Attorney at Law

**Form I-907, Request for
Premium Processing Service****START HERE - Type or Print (Use black ink)****Part 1. Information About You (Person filing this petition)**Family Name (*Last Name*) Given Name (*First Name*) Full Middle Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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If filed on behalf of a company: Company or Business Named in the Related Case Tata Consultancy Services Limited**Mailing Address - Street Number and Name / P.O. Box Number** 9201 Corporate Boulevard, Suite 320**Company Contact Information:**

Name of Company Contact Title/Position

<input type="text"/> Amit Jindal	<input type="text"/> Resident Manager, Human Resources
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City State/Province Zip/Postal Code Country

<input type="text"/> Rockville	<input type="text"/> MD	<input type="text"/> 20850	<input type="text"/>
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IRS Tax # (if any)

<input type="text"/> 98-0429806

You (the person submitting this request):

- Are the petitioner who is filing or has filed a petition eligible for Premium Processing.
- Are the attorney or accredited representative for the petitioner who is filing or has filed a petition eligible for Premium Processing. (*Complete and submit Form G-28, if Form G-28 has not been submitted with the petition.*)
- Are the applicant who is filing or has filed an application eligible for Premium Processing.
- Are the attorney or accredited representative for the applicant who is filing or has filed an application eligible for Premium Processing. (*Complete and submit Form G-28, if Form G-28 has not been submitted with the application.*)

Phone Number (*Area/Country Code*) 703 796-9898Fax Number (*Area/Country Code*) 703 796-9005E-Mail Address (*if any*) rochelle.premium@goellaw.com**Part 2. Information About Request**

1. Form Number of Related Petition/Application

 I-129

2. Receipt Number of Related Petition/Application

<input type="text"/>

3. Classification/Eligibility Requested

 H-1B

4. Petitioner/Applicant in the Relating Case

 Tata Consultancy Services Limited

5. Beneficiary in the Relating Case

 Vinothkumar PERUMAL KALIAPPAN

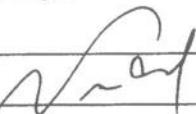
Part 3. Original Signature

I understand that U.S. Citizenship and Immigration Services (USCIS) will issue a refund of the Premium Processing fee to the addressee above in **Part 1** of this request if USCIS does not take an action on the relating premium processing eligible case within 15 calendar days after this request has been physically received at the appropriate USCIS office. Case actions include a referral for investigation of suspected fraud or misrepresentation, or:

The issuance of:

1. An approval notice;
2. A request for evidence; or
3. A notice of intent to deny.

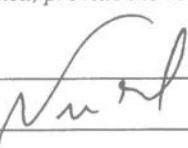
I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this request is all true and correct. USCIS may obtain any information from the records of the related case that USCIS needs to determine eligibility for the benefit being sought.

Signature	<i>Title (if applicable)</i>
	
Print Your Name	Date (mm/dd/yyyy)
Vic Goel, Esq.	07/02/2014
Company Name and Address	
Goel & Anderson, LLC, 12100 Sunset Hills Road, Suite 301, Reston, VA 20190	
Daytime Phone Number (Area Code and Number)	
703 796-9898	

Part 4. Original Signature of Attorney or Accredited Representative (*Note if attorney is signing above in Part 3*)

I declare that I prepared this application at the request of the above person, and it is based on all information of which I have knowledge.

- Same individual as signing above in **Part 3**. (If this box is checked, provide your firm name and address and daytime phone number below and submit Form G-28, if Form G-28 has not been submitted with the petition or application. If this box is not checked, provide the requested information below.)

Signature	Print Your Name	Date (mm/dd/yyyy)
	Vic Goel, Esq.	07/02/2014
Firm Name and Complete Address		
Goel & Anderson, LLC, 12100 Sunset Hills Road, Suite 301, Reston, VA 20190		
Daytime Phone Number (Area Code and Number)		
703 796-9898		





**Notice of Entry of Appearance
as Attorney or Accredited Representative**
Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 02/29/2016

Part 1. Information About Attorney or Accredited Representative

Name and Address of Attorney or Accredited Representative

- 1.a. Family Name (*Last Name*) Goel
- 1.b. Given Name (*First Name*) Vic
- 1.c. Middle Name
2. Name of Law Firm or Recognized Organization
Goel & Anderson, LLC
3. Name of Law Student or Law Graduate
4. State Bar Number 450335
- 5.a. Street Number 12100
- 5.b. Street Name Sunset Hills Road
- 5.c. Apt. Ste. Flr. Suite 301
- 5.d. City or Town Reston
- 5.e. State VA 5.f. Zip Code 20190
- 5.g. Postal Code N/A
- 5.h. Province N/A
- 5.i. Country USA
6. Daytime Phone Number (7 0 3) 7 9 6 - 9 8 9 8
7. E-Mail Address of Attorney or Accredited Representative
vic.goel@goellaw.com

Part 2. Eligibility Information For Attorney or Accredited Representative

(Check applicable items(s) below)

1. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia.
- 1.a. District of Columbia Court of Appeals
- 1.b. I (choose one) am not am subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. (If you are subject to any order(s), explain fully in the space below.)
- 1.b.1. [Redacted]
2. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.
- 2.a. Name of Recognized Organization
[Redacted]
- 2.b. Date Accreditation expires
(mm/dd/yyyy) ► [Redacted]
3. I am associated with
- 3.a. [Redacted]
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 is at his or her request. If you check this item, also complete number 1 (1.a. - 1.b.1.) or number 2 (2.a. - 2.b.) in Part 2 (whichever is appropriate).
4. 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)(iv).

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

1. USCIS - List the form number(s)

1.a. I-129, H-1B Petition

2. ICE - List the specific matter in which appearance is entered

2.a. [Redacted]

3. CBP - List the specific matter in which appearance is entered

3.a. [Redacted]

I hereby enter my appearance as attorney or accredited representative at the request of:

4. Select only one: Applicant Petitioner

Respondent (ICE, CBP)

Name of Applicant, Petitioner, or Respondent

- 5.a. Family Name
(Last Name) N/A

- 5.b. Given Name
(First Name) N/A

- 5.c. Middle Name [Redacted]

- 5.d. Name of Company or Organization, if applicable

Tata Consultancy Services Limited

NOTE: Provide the mailing address of Petitioner, Applicant, or Respondent and not the address of the attorney or accredited representative, except when a safe mailing address is permitted on an application or petition filed with Form G-28.

- 6.a. Street Number and Name 9201 Corporate Boulevard

- 6.b. Apt. Ste. Flr. Suite 320

- 6.c. City or Town Rockville

- 6.d. State MD 6.e. Zip Code 20850

7. Provide A-Number and/or Receipt Number

N/A

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, ICE, or CBP.

- 8.a. Signature of Applicant, Petitioner, or Respondent

S.D.

- 8.b. Date (mm/dd/yyyy) ► 07/15/2014

Part 4. 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 the Department of Homeland Security. 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. Signature of Attorney or Accredited Representative

[Signature]

2. Signature of Law Student or Law Graduate

[Signature]

3. Date (mm/dd/yyyy) ► 07/15/2014

Part 5. Additional Information

- 1.

[Redacted lines for additional information]

**I-129, Petition for a
Nonimmigrant Worker**

START HERE - Type or print in black ink.

Part 1. Petitioner Information

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

1. Legal Name of Employer:

a. Last Name (*Family Name*)

b. First Name (*Given Name*)

c. Full Middle Name

2. Company or Organization:

Name of Company or Organization

Tata Consultancy Services Limited

3. Mailing Address:

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

S David Madan Singh, Immigration Manager

b. Street Number and Name

9201 Corporate Boulevard

c. Suite/Apt. Number

Suite 320

d. City

Rockville

e. State/Province

MD

f. Country

USA

g. Zip/Postal Code

20850

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

301 231-9083

i. E-Mail Address

amit1.jindal@tcs.com

j. Federal Employer Identification Number

98-0429806

k. Individual Tax Number

l. Social Security Number

Receipt

Class: _____

of Workers: _____

Job Code: _____

Validity Dates: _____

From: _____

To: _____

Classification Approved

- Consulate/POE/PFI Notified
 At _____
 Extension Granted
 COS/Extension Granted

Partial Approval (*explain*)

Action Block



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

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

2. Basis for Classification (*Check one*):

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

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

WAC-13-215-50266

4. Requested Action (*Check one*):

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

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



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

1. If an Entertainment Group, Give the Group Name

a. Family Name (*Last Name*) b. Given Name (*First Name*) c. Full Middle Name

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

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e. Date of Birth (*mm/dd/yyyy*) f. Gender g. U.S. Social Security Number (*if any*) h. A-Number (*if any*)

09/02/1986	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	685591628	A-
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i. Country of Birth j. Province of Birth k. Country of Citizenship

India	Tamil Nadu	India
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2. If in the United States, complete the following:

a. Date of Last Arrival (*mm/dd/yyyy*) b. I-94 Number (*Arrival/Departure Document*) c. Current Nonimmigrant Status

02/22/2013	01785897828	H-1B
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d. Date Status Expires (*mm/dd/yyyy*) or D/S e. Student & Exchange Visitor Information System (SEVIS) Number (*if any*) f. Employment Authorization Document (EAD) Number (*if any*)

09/30/2014		
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g. Passport Number h. Date Passport Issued (*mm/dd/yyyy*) i. Date Passport Expires (*mm/dd/yyyy*)

H6735480	06/02/2009	06/01/2019
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j. Current U.S. Address (*if applicable*)

11100 Cedar Hills Blvd., Minnetonka, MN 55305

Part 4. Processing Information

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

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

b. Office Address (*City*) c. U.S. State or Foreign Country

Chennai	India
---------	-------

d. Beneficiary's Foreign Address

D. No. 188, Kaliyappan Street, Bodenthirapuram, Uppukottai P Theni Tamil Nadu India 625531
--



Part 4. Processing Information (Continued)

2. Does each person in this petition have a valid passport?

Not required to have passport

No - Go to Page 7, Part 9 and write your explanation

Yes

3. Are you filing any other petitions with this one?

No

Yes - How many?

4. Are applications for replacement/initial I-94s being filed with this petition?

No

Yes - How many?

5. Are applications by dependents being filed with this petition?

No

Yes - How many?

6. Is any beneficiary in this petition in removal proceedings?

No

Yes - explain on Page 7, Part 9

7. Have you ever filed an immigrant petition for any beneficiary in this petition?

No

Yes - explain on Page 7, Part 9

8. If you indicated you were filing a new petition in Part 2 within the past 7 years, has any beneficiary in this petition:

a. Ever been given the classification you are now requesting?

No

Yes - explain on Page 7, Part 9

b. Ever been denied the classification you are now requesting?

No

Yes - explain on Page 7, Part 9

9. Have you ever previously filed a petition for this beneficiary?

No

Yes - explain on Page 7, Part 9

10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least 1 year?

N/A

No

Yes - explain on Page 7, Part 9

11a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?

No

Yes

11b. If yes to 11a, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

N/A

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

1. Job Title

Computer Programmer

2. LCA or ETA Case Number

I-200-14167-990237

3. Address where the beneficiary(es) will work if different from address in Part 1. (Street number and name, city/town, state, zip code)

TCS, c/o Target Corporation: 7000 Target Parkway, Brooklyn Park, MN 55445 (ONLY WORK LOCATION)

4. Is an itinerary included with the petition? No Yes

5. Will the beneficiary work off-site? No Yes



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

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

7. Is this a full-time position?

No Yes If "No," Hours per week:

8. Wages per week or per year:

\$67,000.00/year

9. Other Compensation (*Explain*)

Standard Corporate Benefits

10. Dates of intended employment (mm/dd/yyyy):

From: 10/01/2014

To: 09/30/2017

11. Type of Business

Information Technology Consulting Firm

12. Year Established

1968

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

263,637 Worldwide

14. Gross Annual Income

\$10.17 billion

15. Net Annual Income

\$2.24 billion

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

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

Check Box 1 or Box 2 as appropriate:

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

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



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

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

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

Signature

Daytime Phone Number (Area/Country Code)

301 231-9083

Print Name

S David Madan Singh, Immigration Manager

Date (mm/dd/yyyy)

07/15/2014

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

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

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

Signature

Daytime Phone Number (Area/Country Code)

703 796-9898

Print Name

Vic Goel, Esq.

Date (mm/dd/yyyy)

07/15/2014

Firm Name and Address

Goel & Anderson, LLC, 12100 Sunset Hills Road, Suite 301, Reston, VA 20190



Part 9. Explanation Page

Addendum: Part 4, Questions 8 and 9
Vinothkumar PERUMAL KALIAPPAN is the beneficiary of a previously approved H-1B petitions filed by Tata Consultancy Services Limited. The related file numbers are WAC-13-215-50266 and WAC-12-155-50538.

Signature



Date (mm/dd/yyyy)

07/15/2014

Print Name

S David Madan Singh, Immigration Manager



**H Classification
Supplement to Form I-129**

1. Name of the petitioner

Tata Consultancy Services Limited

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

Vinothkumar PERUMAL KALIAPPAN

3. List each beneficiary's prior periods of stay in H or L classification in the United States for the last 6 years (beneficiaries requesting H-2A or H-2B classification need only list the last 3 years). Be sure to only list those periods in which each beneficiary was actually in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status.

NOTE: Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification. If more space is needed, attach an additional sheet.

Subject's Name	Period of Stay (mm/dd/yyyy)	
	From	To
Vinothkumar PERUMAL KALIAPPAN (H)	02/22/2013	Present

4. Classification sought (*Check one*):

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

5. Are you filing this petition on behalf of an alien subject to the Guam-CNMI cap exemption under Public Law 110-229? No Yes

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

1. Describe the proposed duties

Please see attached petitioner support letter.

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

Please see alien's attached resume and supporting documentation.



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

Statement for H-1B specialty occupations only:

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

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

Signature of Petitioner**Print or Type Name****Date (mm/dd/yyyy)****S David Madan Singh, Immigration Manager**

07/15/2014

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

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

Signature of Authorized Official of Employer**Print or Type Name****Date (mm/dd/yyyy)****S David Madan Singh, Immigration Manager**

07/15/2014

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

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

Signature of DOD Project Manager**Print or Type Name****Date (mm/dd/yyyy)**

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

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

Signature**Print or Type Name****Title****Date (mm/dd/yyyy)****Firm Name and Address**

H-1B Data Collection and Filing Fee Exemption Supplement

1. Name of the petitioner

Tata Consultancy Services Limited

2. Name of the beneficiary

Vinothkumar PERUMAL KALIAPPAN

Part A. General Information

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

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

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

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

3. Major/Primary Field of Study

Electrical and Electronics Engineering

4. Rate of Pay Per Year

\$67,000.00/year

5. DOT Code

0 3 0

6. NAICS Code

5 4 1 5 1 1

Part B. Fee Exemption Determination

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

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



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

- No Yes 6. Are you filing this petition to correct a USCIS error?
 No Yes 7. Is the petitioner a primary or secondary education institution?
 No Yes 8. Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution?

If you answered "Yes" to any of the questions above, you are only required to submit the fee for your H-1B Form I-129 petition. If you answered "No" to all questions, answer **Question 9**.

- No Yes 9. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization?
- If you answered "Yes," to **Question 9** above, you are required to pay an additional ACWIA fee of \$750. If you answered "No," then you are required to pay an additional ACWIA fee of \$1,500.

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

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

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

Part C. Numerical Limitation Information

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

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

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

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

- b. Date Degree Awarded

- c. Type of U.S. Degree

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

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

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



Part C. Numerical Limitation Exemption Information *(Continued)*

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

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

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



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



**Electronic Filing of Labor Condition Applications
For The H-1B Nonimmigrant Visa Program**

This Department of Labor, Employment and Training Administration (ETA), electronic filing system enables an employer to file a Labor Condition Application (LCA) and obtain certification of the LCA. This Form must be submitted by the employer or by someone authorized to act on behalf of the employer.

A) I understand and agree that, upon my receipt of ETA's certification of the LCA by electronic response to my submission, I must take the following actions at the specified times and circumstances:

- print and sign a hardcopy of the electronically filed and certified LCA;
- maintain a signed hardcopy of this LCA in my public access files;
- submit a signed hardcopy of the LCA to the United States Citizenship and Immigration Services (USCIS) in support of the I-129, on the date of submission of the I-129;
- provide a signed hardcopy of this LCA to each H-1B nonimmigrant who is employed pursuant to the LCA.

Yes No

B) I understand and agree that, by filing the LCA electronically, I attest that all of the statements in the LCA are true and accurate and that I am undertaking all the obligations that are set out in the LCA (Form ETA 9035E) and the accompanying instructions (Form ETA 9035CP).

Yes No

C) I hereby choose one of the following options, with regard to the accompanying instructions:

I choose to have the Form ETA 9035CP electronically attached to the certified LCA, and to be bound by the LCA obligations as explained in this form

I choose not to have the Form ETA 9035CP electronically attached to the certified LCA, but I have read the instructions and I understand that I am bound by the LCA obligations as explained in this form

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



Please read and review the filing instructions carefully before completing the ETA Form 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. If the employer has received permission from the Administrator of the Office of Foreign Labor Certification to submit this form non-electronically, 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 * COMPUTER PROGRAMMER	
2. SOC (ONET/OES) code * 15-1131	3. SOC (ONET/OES) occupation title * COMPUTER PROGRAMMERS
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment
	5. Begin Date * 10/01/2014 (mm/dd/yyyy)
	6. End Date * 09/30/2017 (mm/dd/yyyy)

7. Worker positions needed/basis for the visa classification supported by this application

1	Total Worker Positions Being Requested for Certification *
---	--

Basis for the visa classification supported by this application
(indicate the total workers in each applicable category based on the total workers identified above)

0	a. New employment *	0	d. New concurrent employment *
0	b. Continuation of previously approved employment * without change with the same employer	0	e. Change in employer *
0	c. Change in previously approved employment *	1	f. Amended petition *

C. Employer Information

1. Legal business name * TATA CONSULTANCY SERVICES LIMITED		
2. Trade name/Doing Business As (DBA), if applicable N/A		
3. Address 1 * 9201 CORPORATE BOULEVARD		
4. Address 2 SUITE 320		
5. City * ROCKVILLE	6. State * MD	7. Postal code * 20850
8. Country * UNITED STATES OF AMERICA	9. Province N/A	
10. Telephone number * 3012319083	11. Extension N/A	
12. Federal Employer Identification Number (FEIN from IRS) * 980429806	13. NAICS code (must be at least 4-digits) * 541511	

Labor Condition Application for Nonimmigrant Workers
ETA Form 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) *
JINDAL	AMIT	N/A
4. Contact's job title * RESIDENT MANAGER-HUMAN RESOURCES		
5. Address 1 * C/O TCSL, 9201 CORPORATE BOULEVARD		
6. Address 2 SUITE 320		
7. City * ROCKVILLE		8. State * MD 9. Postal code * 20850
10. Country * UNITED STATES OF AMERICA		11. Province N/A
12. Telephone number * 3012319083	13. Extension N/A	14. E-Mail address AMIT1.JINDAL@TCS.COM

E. Attorney or Agent Information (If applicable)

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 § GOEL	3. First (given) name § VIC	4. Middle name(s) § N/A
5. Address 1 § 12100 SUNSET HILLS ROAD		
6. Address 2 SUITE 301		
7. City § RESTON		8. State § VA 9. Postal code § 20190
10. Country § UNITED STATES OF AMERICA		11. Province N/A
12. Telephone number § 7037969898	13. Extension N/A	14. E-Mail address goel-tcslca@googlelaw.com
15. Law firm/Business name § GOEL & ANDERSON, LLC		16. Law firm/Business FEIN § 141943988
17. State Bar number (only if attorney) § 450335		18. State of highest court where attorney is in good standing (only if attorney) § DISTRICT OF COLUMBIA
19. Name of the highest court where attorney is in good standing (only if attorney) § COURT OF APPEALS		

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



F. Rate of Pay

1. Wage Rate (Required) From: \$ <u>67000.00</u> *	2. 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
To: \$ <u>N/A</u>	

G. Employment and Prevailing Wage Information

Important Note: It is important for the employer to define the place of intended employment with as much geographic specificity as possible. The place of employment address listed below must be a physical location and cannot be a P.O. Box. The employer may use this section to identify up to three (3) physical locations and corresponding prevailing wages covering each location where work will be performed and the electronic system will accept up to 3 physical locations and prevailing wage information. If the employer has received approval from the Department of Labor to submit 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.

a. Place of Employment 1

1. Address 1 * 7000 TARGET PARKWAY	4. County * HENNEPIN
2. Address 2 N/A	6. Postal code * 55445
3. City * BROOKLYN PARK	
5. State/District/Territory * MINNESOTA	

Prevailing Wage Information (corresponding to the place of employment location listed above)

7. Agency which issued prevailing wage § N/A	7a. Prevailing wage tracking number (if applicable) § N/A
8. Wage level * <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	
9. Prevailing wage * \$ <u>65666.00</u>	10. 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
11. Prevailing wage source (Choose only one) * <input checked="" type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other	
11a. Year source published * 2013	11b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source § OFLC ONLINE DATA CENTER

H. Employer Labor Condition Statements

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

- (1) **Wages:** Pay nonimmigrants at least the local prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. Offer nonimmigrants benefits on the same basis as offered to U.S. workers.
- (2) **Working Conditions:** Provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed.
- (3) **Strike, Lockout, or Work Stoppage:** There is no strike, lockout, or work stoppage in the named occupation at the place of employment.
- (4) **Notice:** Notice to union or to workers has been or will be provided in the named occupation at the place of employment. A copy of this form will be provided to each nonimmigrant worker employed pursuant to the application.

1. I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section H of the Labor Condition Application – General Instructions – Form ETA 9035CP. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor



I. 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 I – Subsection 1 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading "Additional Employer Labor Condition Statements" and answer the questions below.

a. Subsection 1

1. Is the employer H-1B dependent? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" is marked in questions I.1 and/or I.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 nonimmigrants? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

If you marked "Yes" to questions I.1 and/or I.2 and "No" to question I.3, you **MUST** read Section I – Subsection 2 of the Labor Condition Application – General Instructions Form ETA 9035CP 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:** Non-displacement of the U.S. workers in the employer's workforce
- B. **Secondary Displacement:** Non-displacement of U.S. workers in another employer's workforce; and
- C. **Recruitment and Hiring:** Recruitment of U.S. workers and hiring of U.S. workers applicant(s) who are equally or better qualified than the H-1B nonimmigrant(s).

4. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section I – Subsections 1 and 2 of the Labor Condition Application – General Instructions Form ETA 9035CP. §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

J. Public Disclosure Information

! **Important Note:** You **must** select from the options listed in this Section.

1. Public disclosure information will be kept at: *	<input checked="" type="checkbox"/> Employer's principal place of business <input type="checkbox"/> Place of employment
---	--

K. Declaration of Employer

By signing this form, I, on behalf of the employer, attest that the information and labor condition statements provided are true and accurate; that I have read sections H and I of the Labor Condition Application – General Instructions Form ETA 9035CP, and that I agree to comply with the Labor Condition Statements as set forth in the Labor Condition Application – General Instructions Form ETA 9035CP and with the Department of Labor regulations (20 CFR part 655, Subparts H and I). I agree to make this application, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act. Making fraudulent representations on this Form can lead to civil or criminal action under 18 U.S.C. 1001, 18 U.S.C. 1546, or other provisions of law.

1. Last (family) name of hiring or designated official * Jindal	2. First (given) name of hiring or designated official * Amit	3. Middle initial * N/A
4. Hiring or designated official title * Resident Manager-Human Resources		
5. Signature *	6. Date signed * Amit 07/08/14	

Labor Condition Application for Nonimmigrant Workers
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L. LCA Preparer

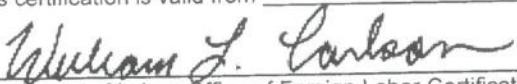
Important Note: Complete this section if the preparer of this LCA is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name § FIN	2. First (given) name § ROCHELLE MAE	3. Middle initial § L
4. Firm/Business name § GOEL & ANDERSON LLC		
5. E-Mail address § ROCHELLE.FIN@GOELLAW.COM		

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

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

This certification is valid from 10/01/2014 to 09/30/2017.


William L. Carlson
Department of Labor, Office of Foreign Labor Certification

07/07/2014

Determination Date (date signed)

I-200-14167-990237

CERTIFIED

Case number

Case Status

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

N. 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 the Department of Labor before it can be submitted to USCIS for further 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, Employment Standards Administration, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at <http://www.dol.gov/esa>. 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, Office of the Special Counsel for Immigration-Related Unfair Employment Practices, 950 Pennsylvania Avenue, NW, Washington, DC, 20530. Please note that complaints should be filed with the Office of Special Counsel 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).

O. 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. Obligations to reply are mandatory (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 1 hour 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, Room C-4312, 200 Constitution Ave. NW, Washington, DC 20210. (Paperwork Reduction Project OMB 1205-0310.) Do NOT send the completed application to this address.



July 15, 2014

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
California Service Center
Premium Processing Unit
24000 Avila Road
2nd Floor, Room 2312
Laguna Niguel, CA 92677

**RE: Form I-129, H-1B Petition for a Nonimmigrant Worker
Beneficiary: Vinothkumar PERUMAL KALIAPPAN**

Dear Immigration Officer:

We submit this letter in support of the attached petition of Tata Consultancy Services Limited ("TCS") on behalf of Vinothkumar PERUMAL KALIAPPAN ("Beneficiary"). TCS wishes to employ the Beneficiary in the specialty occupation and professional position of Computer Programmer. A copy of the approved Labor Condition Application for the Beneficiary's position is attached for your reference. TCS agrees to comply with all the terms and conditions of the LCA.

About Tata Consultancy Services Limited

TCS's success and reputation is built on ensuring certainty of outcome for these client objectives. We employ over 276,000 of the world's best trained IT consultants in 44 countries. Listed on the National Stock Exchange and Bombay Stock Exchange in India, for the fiscal year ended March 31, 2013, the organization generated consolidated revenues of US \$11.6 billion. Many of our clients are world leaders in their respective industries and include names such as AT&T, Boeing, Dell, Fidelity Investments, General Electric, Hewlett Packard, IBM, Kellogg's, Lucent Technologies, Microsoft, Nokia, Prudential, Qwest, Royal Bank of Scotland, Saab, Texas Instruments and UBS.

TCS is majority-owned by the Tata Group, India's largest industrial conglomerate. The Tata Group is comprised of more than 100 companies and operates in six continents. It employs approximately 450,000 people and collectively has a shareholder base of over 3.8 million and market capitalization of \$85.42 billion.

Employer-Employee Relationship

Please note that even though the Beneficiary will work at a client site, TCS meets the definition provided for at 8 CFR 214.2(h)(4)(ii)(2) in that we will have an employer-employee relationship with the Beneficiary. TCS is the Beneficiary's sole and actual employer. TCS already employs the Beneficiary

TATA CONSULTANCY SERVICES

Tata Consultancy Services Limited

9201 Corporate Boulevard Suite 320 Rockville MD 20850
Tel 301 231 9083 Fax 301 231 4892 www.tcs.com

and will continue to maintain our employer-employee relationship with the Beneficiary in the United States. For the entire duration of the Beneficiary's proposed H-1B employment, TCS will:

- retain and exercise the right to control the Beneficiary's employment throughout the assignment;
- exercise actual control over the Beneficiary's day-to-day employment-related activities;
- directly supervise the Beneficiary's employment activities through a TCS manager stationed onsite with the Beneficiary;
- possess and retain the sole and complete authority to hire and fire the Beneficiary;
- remain solely responsible for paying the Beneficiary's remuneration;
- claim the Beneficiary as an employee and report all earned wages on Form W-2 for tax purposes;
- provide the Beneficiary with an employment benefits package, including health insurance.

As evidence of the employer-employee relationship, we are including copies of the Beneficiary's offer letter and a summary of the benefits offered to the Beneficiary by TCS as part of the terms of the Beneficiary's employment. We are also enclosing documentation discussing TCS's semi-annual performance appraisal process. Under TCS's current employment policy each TCS supervisor is to conduct individual performance appraisals for their subordinate employees on a semi-annual basis. These appraisals are conducted using the TCS online SPEED system.

In addition, it should be noted that TCS selected the Beneficiary to participate onsite in TCS's project for our client, Target Corporation, because of TCS's discretionary determination that the Beneficiary possessed the requisite education and skills for successful performance of the services enumerated in its agreement with Target Corporation. Moreover, TCS is not involved in staffing this project for Target Corporation (i.e. supplying employees to meet Target Corporation's staffing needs). Instead, Target Corporation has engaged TCS to undertake and complete information technology project(s) to meet its business needs. Thus, the work the Beneficiary will perform is part of TCS' regular business. Although the Beneficiary will be located onsite at Target Corporation, he will work completely within a TCS team and will be supervised by his TCS manager. He will interact with Target Corporation personnel only to the degree necessary to understand project needs and best perform his work on the system. As noted above, for the entire duration of this assignment, a TCS supervisor in the United States will exercise actual control over the Beneficiary's work activities while he is stationed onsite at Target Corporation. The Beneficiary, as a member of the TCS team, will report to, be supervised and directed by, and receive feedback related to his work solely from a TCS supervisor. TCS alone will have the right to hire, fire, promote, demote, alter his assignment, add duties, change the team he works within, add assistants, determine when and how long he works, and determine his manner of payment.

TCS's projects for Target Corporation are governed by terms mutually agreed upon by both parties, and a TCS representative is in constant contact with Target Corporation to ensure TCS employees perform in accordance with the Agreement between the two companies. Target Corporation does not have the authority to assign or reassign the Beneficiary to any employment worksite including its own worksite. Thus, it should be clear that the Beneficiary's placement at Target Corporation's worksite does not undermine the actual, bona fide employer-employee relationship between TCS and the Beneficiary.

Itinerary

The Beneficiary will work full-time from October 1, 2014 to September 30, 2017 at TCS's client site, Target Corporation, located at 7000 Target Parkway, Brooklyn Park, MN 55445.

The Offered Position

TCS is petitioning on behalf of the beneficiary so it may utilize his professional services as a Computer Programmer. In this specialty occupation, the Beneficiary will apply his technical expertise in computer science, analysis and programming and his responsibilities will include, but not be limited to, the following:

- Applying knowledge of programming techniques and computer systems to plan, develop, test and document computer programs.
- Conducting trial runs of programs and testing of software applications to be sure they will produce the desired information and that the instructions are correct.
- Evaluating user requests for new or modified programs, and compatibility with current systems and computer capabilities.
- Consolidating class and sequence diagrams and preparing high- and low-level design documents.
- Using structured analysis and design to formulate plans that outline the steps required to develop programs.
- Writing, analyzing, reviewing and rewriting programs, using workflow charts and diagrams, and applying knowledge of computer capabilities, subject matter, and symbolic logic.
- Entering program codes into computer systems and testing programs.
- Performing revision, repair, or expansion of existing programs to increase operating efficiency or adapt to new requirements.
- Recreating the steps taken by users to locate the source of and correct problems.
- Compiling and writing documentation of program development and subsequent revisions, inserting comments in the coded instructions so others can understand the program.

Specialty Occupation

The position of Computer Programmer within TCS is a specialty occupation that requires the theoretical and practical application of a specific body of knowledge. That is, the position requires the application of sophisticated technologies and principals that can only be gained through the attainment of at least a bachelor's degree or its equivalent in Computer Science, Engineering, Information Systems, or a directly related field. TCS's policy is to hire as Computer Programmers only individuals who possess at least a bachelor's degree or its equivalent in Computer Science, Engineering, Information Systems, or a directly related field. The requirement of a bachelor's degree to work in the occupation of Computer Programmer is a normal minimum requirement and is common to the industry. Simply stated, the specific degree requirement is TCS's *minimum* entry requirement for the position of Computer Programmer.

The Beneficiary

The Beneficiary meets our requirements for the specialty occupation described above. He is a distinguished technology professional whose university degree credentials include the completion of rigorous academic coursework rich in quantitative and technical analysis at both the theoretical and practical levels. As evidenced by the enclosed credentials evaluation, the Beneficiary has earned the equivalent of a Bachelor of Science degree in Electronics Engineering as awarded by an accredited university in the United States.

In addition, the Beneficiary's academic background has been supplemented by TCS's in-house training program and extensive and substantive employment experience that has and will continue to enable the Beneficiary to analyze and resolve highly complex real-world problems faced by TCS and its clients.

Conclusion

On the basis of the foregoing information, it is clear that the Beneficiary possesses expertise as a computer professional who will contribute his significant knowledge and skills to TCS in the professional specialty occupation of Computer Programmer. The Beneficiary will receive compensation of \$67,000 per year for his services in the specialty occupation, and he has been informed that if this petition is approved, his stay will be temporary and he will be required to depart the United States at the end of his assignment with TCS.

In closing, TCS reiterates that it will employ the Beneficiary in the specialty occupation of Computer Programmer and will be his only employer. Specifically, TCS will be directly and solely responsible for directing and controlling the Beneficiary's activities at the onsite work location, payment of salary, and providing employment-related benefits, including vacation, medical insurance and other employee benefits.

Based on the foregoing, TCS respectfully requests approval of its petition to employ the Beneficiary in H-1B status for the requested period in the United States. Thank you for your kind attention to this matter.

Sincerely,

TATA CONSULTANCY SERVICES LIMITED



Amit Jindal
Resident Manager - Human Resources