

2012473523210 2901447 049280 22 493157 031512 18:39 031412 Employment-520867

**FOREIGN EXCHANGE FOR TRAVELING EXPENSES**

No entries to be made on this page except by an authorized dealer in foreign exchange.

Date	Country of issue for which exchange has been sold.	Amount issued or refunded (bearing or purchase equivalent to balance of or for.)	Stamp and signature of Authorized Dealer

**विविध सेवा / MISCELLANEOUS SERVICE**


**टिप्पणी / OBSERVATION**

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34

35

2012473523270 2901447 045280 23 1492157 031512 18:39 031412 Employment-660867

**पंजीकरण**

विदेशों में जाने वाले भारतीय नागरिकों को स्थावर व अस्थायी रूप से अपने को निरन्तर भारतीय मिशन / पोस्ट पर पंजीकृत कराना है।

**चेतावनी**

यह पासपोर्ट भारत सरकार की संपत्ति है। उपरोक्त प्रक्रियाओं में इस पासपोर्ट के संदर्भ में कोई सूचना मिलने पर निम्नलिखित कानून लागू होंगे, जिनका उल्लंघन कठिन होगा।

यह पासपोर्ट एक मात्र द्वितीय श्रेणी का है और इसमें कोई भी अतिरिक्त वीजा या अन्य विशेष अधिकार नहीं है। इसमें द्वितीय श्रेणी के अतिरिक्त का विवरण नहीं दिया गया है।

पासपोर्ट गुप्त बंधन नहीं है। इसमें कोई भी सूचना या सूचना के अभाव में निरन्तर भारतीय मिशन / पोस्ट को सूचित करना आवश्यक है। निरन्तर भारतीय मिशन को और स्थानीय पुलिस को सूचित करने पर आवश्यक कानून लागू होंगे।

**REGISTRATION**

INDIAN CITIZENS RESIDENT ABROAD ARE ADVISED TO REGISTER THEMSELVES AT THE NEAREST INDIAN MISSION / POST.

**CAUTION**

THIS PASSPORT IS THE PROPERTY OF THE GOVERNMENT OF INDIA. ANY COMMUNICATION RECEIVED BY HOLDER FROM THE PASSPORT AUTHORITY REGARDING THIS PASSPORT, INCLUDING DEMAND FOR ITS SURRENDER, SHOULD BE COMPLIED WITH IMMEDIATELY.

PASSPORT SHOULD NOT BE SENT OUT OF ANY COUNTRY BY POST. IT SHOULD BE IN THE CUSTODY EITHER OF THE HOLDER OR OF A PERSON AUTHORIZED BY THE HOLDER. IT MUST NOT BE ALTERED OR MUTILATED IN ANY WAY.

LOSS, THEFT OR DESTRUCTION OF PASSPORTS SHOULD BE IMMEDIATELY REPORTED TO THE NEAREST PASSPORT AUTHORITY IN INDIA OR (IF THE HOLDER IS ABROAD) TO THE NEAREST INDIAN MISSION AND TO THE LOCAL POLICE. ONLY AFTER EXHAUSTIVE ENQUIRIES SHALL A REPLACEMENT PASSPORT BE ISSUED.

INDIAN MISSION / POST

21-1-1968 RICARD C/66

JUSTICE POST OFFICE

CHAMBER HERNANDEZ 24

23/04/1988

HY0001282706

291047352310 2901447 249280 23 492157 031512 18:49 031412 Employment-690567

**DEPARTMENT OF HOMELAND SECURITY**  
U.S. Customs and Border Protection

OMB No. 1651-0111

**Departure Record**

Admission Number

188778096 25

DEC 04/2012

*Handwritten:* AUG 30, 2012

18. Family Name	S	R	I	V	A	S	T	A	V	A	20. Birth Date (DDMMYY)	7	1	7
19. First (Given) Name	J	A	R	I	E	S	H							
21. Country of Citizenship	I	N	D	I	A									

See Other Side

CBP Form 1-94 (05/08)  
STAPLE HERE

2012473523310 2901447 049280 23 + 493157 031512 18:49 031412 Employment-200867

**ARRIVAL / U.S. C. IMMIGRATION**  
BY SEA OR AIR TO THE UNITED STATES

- Across the Canadian border, to a Canadian Official;  
- Across the Mexican border, to a U.S. Official

Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form I-20 prior to surrendering this permit.

Record of Changes

AC 0924451077

Port:	Departure Record
Date:	
Carrier:	
Flight No./ Ship Name:	

Book No. 5276



Sl. No. 527553

# GREATER HYDERABAD MUNICIPAL CORPORATION

Form No. 5  
(See Rule 8)

Government of Andhra Pradesh  
Department of Medical & Health

## BIRTH CERTIFICATE

(Issued Under Section 12/17)

This is to certify that the following information has been taken from the original record of birth which is the register for ward 5A, circle 8 of Greater Hyderabad Municipal Corporation, Andhra Pradesh State, India.

Name JAYESH SRIVASTAVA

Date Of Birth [REDACTED] 1979 Sex MALE

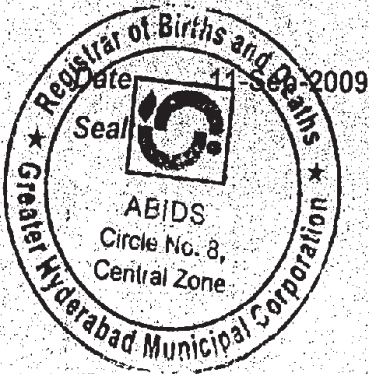
Place of Birth DR. SATWALKER GENERAL HOSPITAL,

Name of Father DR. BAJRANG PRASAD

Name of Mother RAJINI

Registration Number 299 Date Of Registration [REDACTED]

Address at the time of Birth HYDERABAD.,CMOH PROC NO. 3173/2009, DT: 05-09-2009



*[Signature]*  
REGISTRAR  
BIRTH & DEATHS  
ABIDS  
Circle No. 8, Central Zone  
Greater Hyderabad Municipal Corporation

2013-09-05 11:05:20 AM 11-05-2009 11:05:20 AM 11-05-2009 11:05:20 AM



**U.S. Healthworks Medical Gp.**  
**16 Ethel Road**  
**Edison, NJ 08817**

OMB No. 1615-0033; Expires 10/31/2012

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

**Form I-693, Report of Medical Examination and Vaccination Record**

START HERE - Type or print in CAPITAL letters (Use black ink)

**Part 1. Information About You** (To be completed by the person requesting a medical examination, not the civil surgeon)

Family Name (Last Name) <b>SRIVASTAVA</b>		Given Name (First Name) <b>JAYESH</b>		Full Middle Name	
Home Address: Street Number and Name <b>STRAWBERT CT</b>				Apt. Number <b>2124</b>	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
City <b>EDISON</b>		State <b>NEW JERSEY</b>		Zip Code <b>08817</b>	
Date of Birth (mm/dd/yyyy) <b>1979</b>				Place of Birth (City/Town/Village) <b>HYDERABAD</b>	
Country of Birth <b>INDIA</b>				A-Number (if any) <b>200-856-760</b>	
U.S. Social Security # (if any)					

**Applicant's Certification**

I certify under penalty of perjury under United States law that I am the person who is identified in Part 1 of this Form I-693, Report of Medical Examination and Vaccination Record, and that the information in Part 1 of this form is true to the best of my knowledge. I understand the purpose of this medical exam, and I authorize the required tests and procedures to be completed. If it is determined that I willfully misrepresented a material fact or provided false/altered information or documents with regard to my medical exam, I understand that any immigration benefit derived from this medical exam may be revoked, that I may be removed from the United States, and that I may be subject to civil or criminal penalties.

Signature - Do not sign or date this form until instructed to do so by the civil surgeon Date (mm/dd/yyyy)  
 \_\_\_\_\_ **02/15/2012**

To be completed by civil surgeon: Form of applicant ID presented (e.g., passport, driver's license) ID Number (if any)  
**Driver's License (New Jersey)** \_\_\_\_\_

**Part 2. Summary of Medical Examination** (To be completed by the civil surgeon)

**Summary of Overall Findings:**

No Class A or Class B Condition  Class A Conditions (see Civil Surgeon Worksheet, sections 1-3)  
 Class B Conditions (see Civil Surgeon Worksheet, sections 1-4)

Date of First Examination (mm/dd/yyyy) Date(s) of Follow-up Examination(s) if Required:  
**02/15/2012** Date of Exam (mm/dd/yyyy) Date of Exam (mm/dd/yyyy) Date of Exam (mm/dd/yyyy)

**Part 3. Civil Surgeon's Certification** (Do not sign form or have the applicant sign in Part 1 until all health follow-up requirements have been met)

I certify under penalty of perjury under United States law that: I am a civil surgeon designated to examine applicants seeking certain immigration benefits in the U.S. OR a physician who qualifies under a blanket designation specified by policy or law; I have a currently valid and unrestricted license to practice medicine in the state where I am performing medical examinations unless otherwise exempted; I performed this examination of the person identified in Part 1 of this Form I-693, after having made every reasonable effort to verify that the person whom I examined is in fact the person identified in Part 1; that I performed the examination in accordance with the Centers for Disease Control and Prevention's Technical Instructions, and all supplemental information or updates; and that all information provided by me on this form is true and correct to the best of my knowledge, and belief.

Type or Print Full Name (First, Middle, Last)  
**D. Gerica Drizika Do**

Address (Street Number and Name, City, State, and Zip Code)  
**16 ETHEL RD, EDISON, NJ 08817**

Name of Medical Practice or Health Department  
**U.S. HEALTHWORKS**

E-Mail/Daytime Phone # (Include Area Code) no dashes or ()  
**732 248 0088**

(For Health Departments Only:  
Place official stamp or seal here)

Signature  
 \_\_\_\_\_  
 Date (mm/dd/yyyy)  
**02/14/2012**

Name of Applicant (Last, First, Middle)

A-Number (if any)

**SRIVASTAVA JAYESH**

**200-856-760**

**CIVIL SURGEON WORKSHEET**

(To be completed by the civil surgeon, according to the Technical Instructions at <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html>)

**1. Communicable Diseases of Public Health Significance**

**A. Tuberculosis (TB):** An initial screening test, either a Tuberculin Skin Test (TST) or an Interferon Gamma Release Assay (IGRA) is required for all applicants 2 years of age and older; for children under 2 years of age, see *Technical Instructions*. The civil surgeon should perform one type of initial screening test only, followed by further evaluation, if needed (chest X-ray).

**1. Tuberculin Skin Test (TST):**

Not administered (TST exception applies; please explain in Remarks section below)

Date TST Applied (mm/dd/yyyy)

Date TST Read (mm/dd/yyyy)

Size of Reaction (mm)

**02/15/2012**

**02/17/2012**

**4mm**

Result:  Negative (4mm or less of induration)  Positive ( $\geq 5$ mm; chest X-ray required)

**2. Interferon Gamma Release Assay (IGRA)** (for acceptable IGRAs consult the Technical Instructions and any updates posted on CDC's Web site):

Not administered (IGRA exception applies; please explain in Remarks section below)

Name of Test

Date Blood Sample Drawn (mm/dd/yyyy)

IU/ml:

Result:  Negative (including indeterminate, or borderline/equivocal) (no chest X-ray required)  Positive (chest X-ray required)

**3. Initial Screening Test Result and Chest X-Ray Determination:**

- Chest X-ray not required (medically cleared for TB for USCIS)
- Chest X-ray required due to initial screening test results
- Chest X-ray required due to TB signs or symptoms, or due to immunosuppression (e.g. HIV)
- Chest X-ray required due to TST or IGRA exception (The civil surgeon must clearly specify the TST or IGRA exception in the Remarks section below)

**4. Chest X-Ray:** Required based on TST or IGRA result, or if specific TST or IGRA exceptions apply, or for an applicant with TB signs or symptoms or immunosuppression (e.g., HIV). **Attach a copy of X-ray report.**

Date Chest X-Ray Taken (mm/dd/yyyy)

Date Chest X-Ray Read (mm/dd/yyyy)

Result:  Normal  Abnormal (describe results in remarks)

**TB Classification/Findings (check only if chest x-ray was performed):**

- No Class A or Class B TB
- Class A Pulmonary TB Disease
- Class B1 Pulmonary TB
- Class B1 Extra Pulmonary TB
- Class B2 Pulmonary TB
- Class B, Latent TB Infection
- Class B, Other Chest Condition (non-TB)

Remarks: (If needed, include any signs or symptoms of TB, additional tests and therapy given, with start and stop dates and any changes. If tests were not administered, give reason why exception applies).

Name of Applicant (Last, First, Middle)

A-Number (if any)

**SRI VASTAVA JAYESH**

**200-856-760**

**CIVIL SURGEON WORKSHEET (Continued)**

**B. Syphilis**

Serologic Test for Syphilis (Required for applicants 15 years and older)

Date Screening Run (mm/dd/yyyy)

**02/16/2012**

Screening Nonreactive

Screening Reactive, Titer 1: \_\_\_\_\_

If Reactive, Date Confirmation Run (mm/dd/yyyy)

\_\_\_\_\_

Confirmation Nonreactive

Confirmation Reactive

**Findings:**

No Class A or Class B Syphilis

Syphilis, Class A (untreated)

Syphilis, Class B (with residual deficit, and treated in the past year)

Remarks: (Include any therapy given with doses and dates)

\_\_\_\_\_

**C. Other Class A/Class B Conditions for Communicable Diseases of Public Health Significance**

**Findings:**

No Class A/B Condition

Gonorrhea, Class A

Hansen's Disease (Leprosy, Noninfectious), Class B

Chancroid, Class A

Lymphogranuloma Venereum, Class A

Granuloma Inguinale, Class A

Hansen's Disease (Leprosy, Infectious), Class A

Remarks: (Include any therapy given and any counseling or referrals)

\_\_\_\_\_

**2. Physical or Mental Disorders With Associated Harmful Behavior**

\* (Include here any diagnosis of substance abuse/addiction based on DSM criteria for a substance that is not listed in Schedule I, II, III, IV, or V under Section 202 of the Controlled Substance Act with current associated harmful behavior or history of associated harmful behavior judged likely to recur. This category includes diagnosis of alcohol abuse/dependence.)

No Class A or B Physical or Mental Disorder\*

Current Physical/Mental Disorder with Associated Harmful Behavior,\* Class A

History of Physical/Mental Disorder with Associated Harmful Behavior Likely to Recur, Class A\*

Current Physical/Mental Disorder without Associated Harmful Behavior,\* Class B

History of Physical/Mental Disorder with Associated Harmful Behavior Unlikely to Recur,\* Class B

Remarks: (Include diagnosis, likelihood of recurrence of the harmful behavior, therapy given, and any counseling, or referrals. Attach a separate sheet of paper (with applicant's name and A#) if more space is necessary)

\_\_\_\_\_

**3. Drug Abuse/Drug Addiction**

\*\* ("Drug Abuse/Drug Addiction" addresses non-medical use only with respect to substances listed in Schedule I, II, III, IV, or V under Section 202 of the Controlled Substances Act. Include here any diagnosis of substance abuse/dependence based on DSM criteria for a substance listed in Schedule I, II, III, IV, or V of section 202 of the Controlled Substances Act. See CDC's Technical Instructions for more information.)

No Class A or B Substance (Drug) Abuse/Addiction\*\*

Substance (Drug) Abuse/Addiction, Listed in Section 202 of the Controlled Substances Act,\*\* Class A

Substance (Drug) Abuse/Addiction in Full Remission, Listed in Section 202 of the Controlled Substances Act,\*\* Class B



Name of Applicant (Last, First, Middle)

A-Number (if any)

SRIVASTAVA JAYESH

200-856-760

**CIVIL SURGEON WORKSHEET (Continued)**

**3. Drug Abuse/Drug Addiction (Continued)**

Remarks: (Include any therapy given, rehabilitation, counseling, or referrals. Attach a separate sheet of paper (with applicant's name and A#) if more space is necessary)

[Empty box for remarks]

**4. Other Medical Conditions (List any other Class B conditions, e.g., hypertension, diabetes)**

[Empty box for other medical conditions]

**5. Referral to Health Department or Other Doctor (To be completed by civil surgeon, if referral was medically required)**

Type or Print Name of Doctor or Health Department Receiving Required Referral

[Empty box for name of doctor or health department]

Address (Street Number and Name, City, State, and Zip Code)

Date of Referral (mm/dd/yyyy)

[Empty box for address]

[Empty box for date of referral]

Remarks: (Include name of medical condition and reasons for referral)

[Empty box for remarks]

**6. Referral Evaluation (To be completed by the health department or other doctor performing the referral evaluation)**

The applicant identified on this form was referred to me by the civil surgeon named in Part 3 of this form. I have provided appropriate evaluation/treatment, having made every reasonable effort to verify that the person whom I evaluated/treated is the person identified in Part 1.

Type or Print Full Name of Evaluating Physician or Health Department

Signature

[Empty box for name of evaluating physician or health department]

[Empty box for signature]

Address (Street Number and Name, City, State, and Zip Code)

Date (mm/dd/yyyy)

[Empty box for address]

[Empty box for date]

Name of Medical Practice or Health Department

Daytime Phone # (Include Area Code) no dashes or ( )

[Empty box for name of medical practice or health department]

[Empty box for daytime phone number]

Remarks: (Attach a separate sheet of paper, if needed)

[Empty box for remarks]

Name of Applicant (Last, First, Middle)

A-Number (if any)

**SRIVASTAVA JAYESH**

**200-856-760**

**VACCINATION RECORD**

(See Technical Instructions at <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html> for list of required vaccines)

Please make sure every row is marked. Reserve all comments for the Remarks section below. Note: For purposes of the influenza vaccine, the flu season is October 1 through March 31. For certain applicants who only require a vaccination assessment: You need only submit this page with Page 1 of Form I-693. See Form Instructions - FAQ section for more information.

Vaccine	Vaccine History Transferred From a Written Record			Vaccine Given Date Given by Civil Surgeon mm/dd/yy	Completed Series Mark an X if complete; write date of lab test if immune or "VH" if varicella history	Waiver(s) to Be Requested From USCIS			
	Date Recieved mm/dd/yy	Date Received mm/dd/yy	Date Received mm/dd/yy			Blanket Not Medically Appropriate			
						Not Age Appropriate	Contra-indication	Insufficient Time Interval	Not Flu Season
Specify DT <input type="checkbox"/> Vaccine: DTP <input type="checkbox"/> DTaP <input type="checkbox"/>						X			
Specify Td <input type="checkbox"/> Vaccine: Tdap <input checked="" type="checkbox"/>		02/17/12						X	
Specify OPV <input type="checkbox"/> Vaccine: IPV <input type="checkbox"/>						X			
MMR (Measles Mumps-Rubella) or if monovalent or other combination of the vaccines are given, specify vaccine(s):					02/17/12				
Hib						X			
Hepatitis B						X			
Varicella					VH	X			
Pneumococcal						X			
Influenza						X			
Rotavirus						X			
Hepatitis A						X			
Menigococcal						X			

Give a Copy to Applicant

FOR USCIS USE ONLY

- Results:  Applicant may be eligible for blanket waiver(s) as indicated above
- Applicant will request an individual waiver based on religious or moral convictions
- Vaccine history complete for each vaccine, all requirements met
- Applicant does not meet immunization requirements

Remarks: (If needed, provide any remarks: e.g., reason for contraindication)

Remarks (if any):



**Quest  
Diagnostics**

Feb 17, 2012 07:47 AM 6 of 8

QUEST DIAGNOSTICS INCORPORATED  
CLIENT SERVICE 800.877.7530

PATIENT INFORMATION  
SRIVASTAVA, JAYESH

REPORT STATUS FINAL

DOB: [REDACTED] 1979 AGE: 32  
GENDER: M

ORDERING PHYSICIAN  
DR DONNA DIZIKI

SPECIMEN INFORMATION  
SPECIMEN: NY853255H  
REQUISITION: 0000090

ID: [REDACTED]  
PHONE:

CLIENT INFORMATION  
N97508451 0000000  
USHW-EDISON  
SARAH DULA  
16 ETHEL RD  
EDISON, NJ 08817-2249

COLLECTED: 02/15/2012  
RECEIVED: 02/16/2012 14:48  
REPORTED: 02/17/2012 07:46

Test Name	In Range	Out of Range	Reference Range	Lab
RPR (DX) W/REFL TITER AND CONFIRMATORY TESTING	NON-REACTIVE		NON-REACTIVE	NY

PERFORMING LABORATORY INFORMATION  
NY QUEST DIAGNOSTICS-SYOSSET, 575 UNDERHILL BLVD, SYOSSET, NY 11791  
Laboratory Director: ERA KHURANA, MD, CLIA: 33D0662981

*DD 2/24/12*

FIRST TEK, INC

US Department Of Homeland Security



I-485 Fee - Jayesh Srivastava

3/8/2012

33891  
1,070.00

ComercBank-Operatin I-485 Fee - Jayesh Srivastava

1,070.00

FIRST TEK, INC

US Department Of Homeland Security

I-485 Fee - Payal Umbralkar ; W/O Jayesh Srivasta

3/8/2012

33892  
1,070.00

ComercBank-Operatin I-485 Fee - Payal Umbralkar ; W/O Jayesh Sriv

1,070.00





U.S. HealthWorks Medical Group  
16 Ethel Road  
Edison, NJ 08817

*Shrivastava, Jayesh*

**PERSONAL AND CONFIDENTIAL**

*DO NOT OPEN. FOR USCIS USE ONLY.*

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

**Form M-175, Record of  
Proceeding Cover Sheet**

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# Cover Sheet

## Record of Proceeding

**NOTE:** This is a permanent record of the U. S. Citizenship and Immigration Services.

### Instructions

1. Place a separate cover sheet on the top of each closed Record of Proceeding.
2. Each Record of Proceeding must be fastened on the inner left side of the file jacket in chronological order.
3. Any person temporarily removing any part of this record must insert a page describing the section removed, sign and date it, and place it in this record below this cover sheet. The signer is responsible for returning the removed material as soon as it no longer needs to be outside the record.
4. See Records Operations Handbook Part II-24: Record of Proceeding (ROP) - Assembling A-Files for details.

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

AUG 09 2010

OMB No. 1615-0015; Exp. 01/31/13  
**Form I-140, Immigrant  
Petition for Alien Worker**

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

**For USCIS Use Only**

**Part 1. Information About the Person or Organization Filing This Petition** If an individual is filing, use the top name line. Organizations use the second line.

Family Name (Last Name)	Given Name (First Name)	Full Middle Name
Company or Organization Name		
FIRST TEK TECHNOLOGIES, INC.		
Address: (Street Number and Name)		Suite No.
1551 SOUTH WASHINGTON AVENUE		402A
Attn:		
DOREEN VILLAVERDE - HR MANAGER		
City	State/Province	
PISCATAWAY	NJ	
Country	Zip/Postal Code	
USA	08854	
IRS Tax No.	U.S. Social Security No. (if any)	E-Mail Address (if any)
	N/A	hr@first-tek.com

Receipt

SRC1090163697

APP 1140

08/09/2010

**Part 2. Petition Type**

This petition is being filed for: (Check only one box)

- a.  An alien of extraordinary ability
- b.  An outstanding professor or researcher
- c.  A multinational executive or manager
- d.  A member of the professions holding an advanced degree or an alien of exceptional ability (who is NOT seeking a National Interest Waiver)
- e.  A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)
- f.  A skilled worker (requiring at least two years of specialized training or experience)
- g.  Any other worker (requiring less than two years of training or experience)
- h.  (Reserved)
- i.  An alien applying for a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability)

Check below if this petition is being filed:

- 1.  To amend a previously filed petition. Previous petition receipt number: \_\_\_\_\_
- 2.  For the Schedule A, Group I or II designation

**Classification:**

- 203(b)(1)(A) Alien of Extraordinary Ability
- 203(b)(1)(B) Outstanding Professor or Researcher
- 203(b)(1)(C) Multinational Executive or Manager
- 203(b)(2) Member of Professions with Advanced Degree or Exceptional Ability
- 203(b)(3)(A)(i) Skilled Worker
- 203(b)(3)(A)(ii) Professional
- 203(b)(3)(A)(iii) Other Worker

**Certification:**

- National Interest Waiver (NIW)
- Schedule A, Group I
- Schedule A, Group II

Priority Date: 2/9/10  
Consulate: 245

Remarks: 3/EZ/150

**Part 3. Information About the Person for Whom You Are Filing**

Family Name (Last Name)	Given Name (First Name)	Full Middle Name
SRIVASTAVA	JAYESH	
Address: (Street Number and Name)		Apt. No.
2124 STRAWBERRY COURT		
C/O: (In Care Of)		

**Action Block**

U.S. Department of Homeland Security

**APPROVED**

MAR 16 2011

mrtll

088193

U.S. Citizenship and Immigration Services



Form I-140 (Rev. 01/06/10) N

AR  
KMA

City EDISON		State/Province NJ	
Country USA	Zip/Postal Code 08817	E-Mail Address (if any) srivastavajayesh@gmail.com	
Daytime Phone # (with area/country codes) 848-219-0503		Date of Birth (mm/dd/yyyy) [REDACTED] 1979	
City/Town/Village of Birth HYDERABAD	State/Province of Birth ANDHRA PRADESH	Country of Birth INDIA	
Country of Nationality/Citizenship INDIAN	A-Number (if any) 200856760	U.S. Social Security Number (if any) [REDACTED]	
If in the U.S.	Date of Arrival (mm/dd/yyyy) 07/08/2006	I-94 Number (Arrival-Departure Document) 04200345512	
	Current Nonimmigrant Status H1-B	Date Status Expires (mm/dd/yyyy) 08/30/2012	

**Part 4. Processing Information**

1. Complete the following for the person named in Part 3: (Check one)

Alien will apply for a visa abroad at a U.S. Embassy or consulate at:

City	Foreign Country
[REDACTED]	[REDACTED]

Alien is in the United States and will apply for adjustment of status to that of lawful permanent resident.

Alien's country of current residence or, if now in the United States, last permanent residence abroad.

21-1-568 RICAB GUNJ, HYDERABAD ANDHRA PRADESH INDIA 500 002

2. If you provided a United States address in Part 3, print the person's foreign address:

21-1-568 RICAB GUNJ, HYDERABAD ANDHRA PRADESH INDIA 500 002

3. If the person's native alphabet is other than Roman letters, write the person's foreign name and address in the native alphabet:

[REDACTED]

4. Are any other petition(s) or application(s) being filed with this Form I-140?

No  Yes (check all that apply)

- Form I-485  Form I-765
- Form I-131  Other-Attach an explanation

5. Is the person for whom you are filing in removal proceedings?

No  Yes-Attach an explanation

6. Has any immigrant visa petition ever been filed by or on behalf of this person?

No  Yes-Attach an explanation

7. Is the petition being filed without an original labor certification because the original labor certification was previously submitted in support of another Form I-140?

No  Yes-Attach an explanation

8. If the petition is being filed without an original labor certification, are you requesting that USCIS request a duplicate labor certification from the Department of Labor?

No  Yes-Attach an explanation

If you answered "Yes" to any of questions 4 through 7, provide the case number, office location, date of decision, and disposition of the decision on a separate sheet of paper.



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**Part 5. Additional Information About the Petitioner**

1. Type of petitioner (Check one)

- Employer
- Self
- Other (Explain, e.g., Permanent Resident, U.S. citizen or any other person filing on behalf of the alien)

2. If a company, give the following:

Type of Business INFORMATION TECHNOLOGY	Date Established (mm/dd/yyyy) 02/21/2001	Current Number of U.S. Employees 240
Gross Annual Income 24,000,000.00	Net Annual Income 500,000.00	NAICS Code 5 4 1 5 1 1
Labor Certification DOL/ETA Case Number A-10040-85863	Labor Certification DOL/ETA Filing Date (mm/dd/yyyy) 02/09/2010	
Labor Certification Expiration Date (mm/dd/yyyy) 12/20/2010		

3. If an individual, give the following:

Occupation <input type="text"/>	Annual Income <input type="text"/>
------------------------------------	---------------------------------------

**Part 6. Basic Information About the Proposed Employment**

1. Job Title COMPUTER SOFTWARE ENGINEER, SYSTEMS SOFTWARE	2. SOC Code 1 5 - 1 0 3 2
3. Nontechnical Description of Job Required to research, design & develop complex computer software systems, applying principles & techniques of computer science, engineering and mathematical analysis.	
4. Address where the person will work if different from address in Part 1.	
Street Number and Name Same as part 1	City <input type="text"/>
State <input type="text"/>	Zip Code <input type="text"/>
5. Is this a full-time position? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6. If the answer to Number 5 is "No," how many hours per week for the position? <input type="text"/>
7. Is this a permanent position? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. Is this a new position? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Wages: \$ 43.03 per hour (specify hour, week, month, or year)	

**Part 7. Information on Spouse and All Children of the Person for Whom You Are Filing**

List husband/wife and all children related to the individual for whom the petition is being filed. Also, note if the individual will be applying for a visa abroad or for adjustment of status as the dependent of the individual for whom the petition is filed. Provide an attachment of additional family members, if needed.

Name (Last)	Name (First)	Name (Middle)	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy) <input type="text"/>	Country of Birth <input type="text"/>	Applying for Adjustment of Status <input type="checkbox"/> Yes <input type="checkbox"/> No	Applying for a Visa Abroad <input type="checkbox"/> Yes <input type="checkbox"/> No





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**Part 7. Information on Spouse and All Children of the Person for Whom You Are Filing (Cont'd)**

Name (Last)	Name (First)	Name (Middle)	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Country of Birth	Applying for Adjustment of Status	Applying for a Visa Abroad
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name (Last)	Name (First)	Name (Middle)	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Country of Birth	Applying for Adjustment of Status	Applying for a Visa Abroad
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name (Last)	Name (First)	Name (Middle)	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Country of Birth	Applying for Adjustment of Status	Applying for a Visa Abroad
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name (Last)	Name (First)	Name (Middle)	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Country of Birth	Applying for Adjustment of Status	Applying for a Visa Abroad
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No


Name (Last)	Name (First)	Name (Middle)	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Country of Birth	Applying for Adjustment of Status	Applying for a Visa Abroad
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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**Part 8. Signature** *Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must complete Part 9.*

I certify, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it are all true and correct. I authorize U.S. Citizenship and Immigration Services (USCIS) to release to other government agencies any information from my USCIS records, if USCIS determines that such action is necessary to determine eligibility for the benefit sought.

<b>Petitioner's Signature</b> 	<b>Daytime Phone Number (Area/Country Codes)</b> 732-745-0107	<b>E-Mail Address</b> hr@first-tek.com
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<b>Print Name</b> DOREEN VILLAVERDE	<b>Date (mm/dd/yyyy)</b> 07/22/2010	<b>Job Title of Position with Petitioning Employer, If the Petition Is Being Filed by an Employer</b> HUMAN RESOURCES MANAGER
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**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. Signature of Person Preparing Form, If Other Than Above** *(Sign below)*

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

**Attorney or Representative:** In the event of a Request for Evidence (RFE), may USCIS contact you by fax or e-mail?  Yes  No

<b>Signature</b>	<b>Print Name</b>	<b>Date (mm/dd/yyyy)</b>

**Firm Name and Address**

<b>Daytime Phone Number (Area/Country Codes)</b>	<b>Fax Number (Area/Country Codes)</b>	<b>E-Mail Address</b>



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Please read and review the filing instructions before completing this form. A copy of the instructions can be found at [http://www.plc.doleta.gov/plc\\_cp.pdf](http://www.plc.doleta.gov/plc_cp.pdf).

Employing or continuing to employ an alien unauthorized to work in the United States is illegal and may subject the employer to criminal prosecution, civil money penalties, or both.

**A. Refiling Instructions**

1. Are you seeking to utilize the filing date from a previously submitted Application for Alien Employment Certification (ETA 750)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1-A. If Yes, enter the previous filing date		
1-B. Indicate the previous SWA or local office case number OR if not available, specify state where case was originally filed:		

**B. Schedule A or Shepherd Information**

1. Is this application in support of a Schedule A or Shepherd Occupation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If Yes, do NOT send this application to the Department of Labor. All applications in support of Schedule A or Shepherd Occupations must be sent directly to the appropriate Department of Homeland Security office.		

**C. Employer Information (Headquarters or Main Office)**

1. Employer's name FIRST TEK TECHNOLOGIES INC.			
2. Address 1 622 GEORGES ROAD			
Address 2 SUITE 102			
3. City NORTH BRUNSWICK	State/Province NJ	Country UNITED STATES OF AMERICA	Postal code 08902
4. Phone number 732-745-0086		Extension	
5. Number of employees 200		6. Year commenced business 2001	
7. FEIN( Federal Employer Identification Number)		8. NAICS Code 541511	
9. Is the employer a closely held corporation, partnership, or sole proprietorship in which the alien has an ownership interest, or is there a familial relationship between the owners, stockholders, partners, corporate officers, incorporators, and the alien?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**D. Employer Contact Information (This section must be filled out. This information must be different from the agent or attorney information listed in Section E).**

1. Contact's last name Sharma	First name Anuj	Middle initial	
2. Address 1 622 Georges Road			
Address 2 Suite 102			
3. City North Brunswick	State/Province NJ	Country UNITED STATES OF AMERICA	Postal code 08902
4. Phone number 732-745-0086		Extension	
5. E-mail address hr@first-tek.com			

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## E. Agent or Attorney Information (If applicable)

1. Agent or attorney's last name <b>Dyer</b>	First name <b>Dustin</b>	Middle initial <b>W</b>
2. Firm name <b>Dyer Immigration Law Group, P.C.</b>		
3. Firm EIN [REDACTED]	4. Phone number <b>(804) 377-7247</b>	Extension
5. Address 1 <b>8727 Shrader Road</b>		
Address 2		
6. City <b>Richmond</b>	State/Province <b>VA</b>	Country <b>UNITED STATES OF AMERICA</b>
7. E-mail address <b>dustin@dyerimmigration.com</b>		Postal code <b>23228</b>

## F. Prevailing Wage Information (as provided by the State Workforce Agency)

1. Prevailing wage tracking number (if applicable) <b>M200910200022</b>	2. SOC/O*NET(OES) code <b>15-1032.00</b>
3. Occupation Title <b>Computer Software Engineer, Systems Software</b>	4. Skill Level <b>Level II</b>
5. Prevailing wage Per: (Choose only one) <b>\$ 43.03</b> <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year	
6. Prevailing wage source (Choose only one) <input checked="" type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> Employer Conducted Survey <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other	
6-A. If Other is indicated in question 6, specify:	
7. Determination date <b>10/23/2009</b>	8. Expiration date <b>06/30/2010</b>

## G. Wage Offer Information

1. Offered wage From: <b>\$ 43.03</b>	To: (Optional) <b>\$</b>	Per: (Choose only one) <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year
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## H. Job Opportunity Information (Where work will be performed)

1. Primary worksite (where work is to be performed) address 1 <b>622 Georges Road</b>		
Address 2 <b>Suite 102</b>		
2. City <b>North Brunswick</b>	State <b>NJ</b>	Postal code <b>08902</b>
3. Job title <b>Senior Software Engineer</b>		
4. Education: minimum level required: <input type="checkbox"/> None <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input checked="" type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other		
4-A. If Other is indicated in question 4, specify the education required:		
4-B. Major field of study <b>Computer Science, CIS, MIS, Engineering or Math</b>		
5. Is training required in the job opportunity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5-A. If Yes, number of months of training required:

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**H. Job Opportunity Information Continued**

5-B. Indicate the field of training:	
6. Is experience in the job offered required for the job? 6-A. If Yes, number of months experience required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Is there an alternate field of study that is acceptable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7-A. If Yes, specify the major field of study:	
8. Is there an alternate combination of education and experience that is acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8-A. If Yes, specify the alternate level of education required: <input type="checkbox"/> None <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input checked="" type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other	
8-B. If Other is indicated in question 8-A, indicate the alternate level of education required:	
8-C. If applicable, indicate the number of years experience acceptable in question 8: 5	
9. Is a foreign educational equivalent acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Is experience in an alternate occupation acceptable? 10-A. If Yes, number of months experience in alternate occupation required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 12	
10-B. Identify the job title of the acceptable alternate occupation: Software Development or Systems Design	
11. Job duties – If submitting by mail, add attachment if necessary. Job duties description must begin in this space. Required to research, design, and develop complex computer software systems, applying principles and techniques of computer science, engineering, and mathematical analysis.	
12. Are the job opportunity's requirements normal for the occupation?  <i>If the answer to this question is No, the employer must be prepared to provide documentation demonstrating that the job requirements are supported by business necessity.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13. Is knowledge of a foreign language required to perform the job duties?  <i>If the answer to this question is Yes, the employer must be prepared to provide documentation demonstrating that the language requirements are supported by business necessity.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14. Specific skills or other requirements – If submitting by mail, add attachment if necessary. Skills description must begin in this space.  Experience must include knowledge and use of Oracle, Business Object, MS Project / Visio, UML, PL/SQL and SAP BW/BI. Must be willing to travel throughout the U.S. per client assignment. Any suitable combination of education, training or experience is acceptable.	



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**H. Job Opportunity Information Continued**

15. Does this application involve a job opportunity that includes a combination of occupations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Is the position identified in this application being offered to the alien identified in Section J?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17. Does the job require the alien to live on the employer's premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18. Is the application for a live-in household domestic service worker?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18-A. If Yes, have the employer and the alien executed the required employment contract and has the employer provided a copy of the contract to the alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**I. Recruitment Information**

**a. Occupation Type - All must complete this section.**

1. Is this application for a professional occupation, other than a college or university teacher? Professional occupations are those for which a bachelor's degree (or equivalent) is normally required.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Is this application for a college or university teacher? If Yes, complete questions 2-A and 2-B below.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2-A. Did you select the candidate using a competitive recruitment and selection process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2-B. Did you use the basic recruitment process for professional occupations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**b. Special Recruitment and Documentation Procedures for College and University Teachers - Complete only if the answer to question 1.a.2-A is Yes.**

3. Date alien selected:
4. Name and date of national professional journal in which advertisement was placed:
5. Specify additional recruitment information in this space. Add an attachment if necessary.

**c. Professional/Non-Professional Information - Complete this section unless your answer to question B.1 or 1.a.2-A is YES.**

6. Start date for the SWA job order 12/01/2009	7. End date for the SWA job order 12/30/2009
8. Is there a Sunday edition of the newspaper in the area of intended employment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name of newspaper (of general circulation) in which the first advertisement was placed: The Star-Ledger	
10. Date of first advertisement identified in question 9: 10/25/2009	
11. Name of newspaper or professional journal (if applicable) in which second advertisement was placed: The Star-Ledger	
<input checked="" type="checkbox"/> Newspaper <input type="checkbox"/> Journal	

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**I. Recruitment Information Continued**

12. Date of second newspaper advertisement or date of publication of journal identified in question 11:  
 11/01/2009

**d. Professional Recruitment Information – Complete if the answer to question I.a.1 is YES or if the answer to I.a.2-B is YES. Complete at least 3 of the items.**

13. Dates advertised at job fair From: To:	14. Dates of on-campus recruiting From: To:
15. Dates posted on employer web site From: 10/27/2009 To: 11/26/2009	16. Dates advertised with trade or professional organization From: To:
17. Dates listed with job search web site From: 01/15/2010 To: 01/25/2010	18. Dates listed with private employment firm From: To:
19. Dates advertised with employee referral program From: To:	20. Dates advertised with campus placement office From: To:
21. Dates advertised with local or ethnic newspaper From: 10/31/2009 To: 10/31/2009	22. Dates advertised with radio or TV ads From: To:

**e. General Information – All must complete this section.**

23. Has the employer received payment of any kind for the submission of this application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23-A. If Yes, describe details of the payment including the amount, date and purpose of the payment:	
24. Has the bargaining representative for workers in the occupation in which the alien will be employed been provided with notice of this filing at least 30 days but not more than 180 days before the date the application is filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
25. If there is no bargaining representative, has a notice of this filing been posted for 10 business days in a conspicuous location at the place of employment, ending at least 30 days before but not more than 180 days before the date the application is filed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
26. Has the employer had a layoff in the area of intended employment in the occupation involved in this application or in a related occupation within the six months immediately preceding the filing of this application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26-A. If Yes, were the laid off U.S. workers notified and considered for the job opportunity for which certification is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**J. Alien Information (This section must be filled out. This information must be different from the agent or attorney information listed in Section E).**

1. Alien's last name <b>SRIYASTAVA</b>	First name <b>JAYESH</b>	Full middle name
2. Current address 1 <b>2124 STRAWBERRY STREET</b>		
Address 2		
3. City <b>EDISON</b>	State/Province <b>NJ</b>	Country <b>UNITED STATES OF AMERICA</b>
4. Phone number of current residence		Postal code <b>08817</b>
5. Country of citizenship <b>INDIA</b>	6. Country of birth <b>INDIA</b>	
7. Alien's date of birth <b>979</b>	8. Class of admission <b>H-1B</b>	
9. Alien registration number (A#) <b>None</b>	10. Alien admission number (I-94) <b>04200345512</b>	
11. Education: highest level achieved relevant to the requested occupation:		
<input type="checkbox"/> None <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input checked="" type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other		

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11-A. If Other indicated in question 11, specify			
12. Specify major field(s) of study <b>ENGINEERING</b>			
13. Year relevant education completed <b>2001</b>			
14. Institution where relevant education specified in question 11 was received <b>SHRI TULJA BHAVANI COLLEGE OF ENGINEERING</b>			
15. Address 1 of conferring institution <b>NALDURG ROAD</b>			
Address 2 <b>TULJAPUR</b>			
16. City <b>OSMANABAD</b>	State/Province <b>MAHARASTRA</b>	Country <b>INDIA</b>	Postal code
17. Did the alien complete the training required for the requested job opportunity, as indicated in question H.5?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
18. Does the alien have the experience as required for the requested job opportunity indicated in question H.6?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
19. Does the alien possess the alternate combination of education and experience as indicated in question H.8?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
20. Does the alien have the experience in an alternate occupation specified in question H.10?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
21. Did the alien gain any of the qualifying experience with the employer in a position substantially comparable to the job opportunity requested?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> NA
22. Did the employer pay for any of the alien's education or training necessary to satisfy any of the employer's job requirements for this position?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
23. Is the alien currently employed by the petitioning employer?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**K. Alien Work Experience**

List all jobs the alien has held during the past 3 years. Also list any other experience that qualifies the alien for the job opportunity for which the employer is seeking certification.

**a. Job 1**

1. Employer name <b>First Tek Technologies, Inc.</b>			
2. Address 1 <b>622 Georges Road</b>			
Address 2 <b>Suite 102</b>			
3. City <b>North Brunswick</b>	State/Province <b>NJ</b>	Country <b>UNITED STATES OF AMERICA</b>	Postal code <b>08902</b>
4. Type of business <b>Information Technology</b>		5. Job title <b>Programmer Analyst</b>	
6. Start date <b>10/12/2009</b>	7. End date	8. Number of hours worked per week <b>40</b>	

Job 1 continued on next page

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**K. Alien Work Experience Continued**

9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.)

Required to plan, develop, test and document computer software programs, applying knowledge of programming techniques and computer systems using Oracle, Business Object, MS Project / Visio, UML, PL/SQL and SAP BW/BI.

**b. Job 2**

1. Employer name <b>Infokall</b>			
2. Address 1 <b>510 Thornall Street</b>			
Address 2			
3. City <b>Edison</b>	State/Province <b>NJ</b>	Country <b>UNITED STATES OF AMERICA</b>	Postal code <b>08837</b>
4. Type of business <b>Information Technology</b>		5. Job title <b>Programmer Analyst</b>	
6. Start date <b>10/01/2008</b>	7. End date <b>10/11/2009</b>	8. Number of hours worked per week <b>40</b>	
9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.)			
Required to plan, develop, test and document computer software programs, applying knowledge of programming techniques and computer systems using Oracle, Business Object, MS Project / Visio, UML, PL/SQL and SAP BW/BI			

**c. Job 3**

1. Employer name <b>SRG America</b>			
2. Address 1 <b>485 US 1 South</b>			
Address 2			
3. City <b>Iselin</b>	State/Province <b>NJ</b>	Country <b>UNITED STATES OF AMERICA</b>	Postal code <b>08830</b>
4. Type of business <b>Information Technology</b>		5. Job title <b>Programmer Analyst</b>	
6. Start date <b>10/01/2006</b>	7. End date <b>10/01/2008</b>	8. Number of hours worked per week <b>40</b>	

Job 3 continued on next page

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**K. Alien Work Experience Continued**

9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.)

Required to plan, develop, test and document computer software programs, applying knowledge of programming techniques and computer systems using Oracle, Business Object, MS Project / Visio, UML, PL/SQL and SAP BW/BI

**L. Alien Declaration**

*I declare under penalty of perjury that Sections J and K are true and correct. I understand that to knowingly furnish 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 a fine or imprisonment up to five years or both under 18 U.S.C. §§ 2 and 1001. Other penalties apply as well to fraud or misuse of ETA immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.*

*In addition, I further declare under penalty of perjury that I intend to accept the position offered in Section H of this application if a labor certification is approved and I am granted a visa or an adjustment of status based on this application.*

1. Alien's last name <b>SRIVASTAVA</b>	First name <b>JAYESH</b>	Full middle name
2. Signature 	Date signed <b>7<sup>th</sup> July 2010</b>	

**Note** – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. 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.

**M. Declaration of Preparer**

1. Was the application completed by the employer? If No, you must complete this section.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
---	------------------------------	--

*I hereby certify that I have prepared this application at the direct request of the employer listed in Section C and that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish 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 a fine, imprisonment up to five years or both under 18 U.S.C. §§ 2 and 1001. Other penalties apply as well to fraud or misuse of ETA immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.*

2. Preparer's last name <b>Dyer</b>	First name <b>Dustin</b>	Middle initial <b>W</b>
3. Title <b>Attorney</b>		
4. E-mail address <b>dustin@dyerimmigration.com</b>		
5. Signature 	Date signed <b>6/29/10</b>	

**Note** – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. 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.

OMB Approval: 1205-0451  
 Expiration Date: 06/30/2011

Application for Permanent Employment Certification

ETA Form 9089

U.S. Department of Labor



**N. Employer Declaration**

By virtue of my signature below, I **HEREBY CERTIFY** the following conditions of employment:

1. The offered wage equals or exceeds the prevailing wage and I will pay at least the prevailing wage.
2. The wage is not based on commissions, bonuses or other incentives, unless I guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage.
3. I have enough funds available to pay the wage or salary offered the alien.
4. I will be able to place the alien on the payroll on or before the date of the alien's proposed entrance into the United States.
5. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.
6. The job opportunity is not:
  - a. Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage; or
  - b. At issue in a labor dispute involving a work stoppage.
7. The job opportunity's terms, conditions, and occupational environment are not contrary to Federal, state or local law.
8. The job opportunity has been and is clearly open to any U.S. worker.
9. The U.S. workers who applied for the job opportunity were rejected for lawful job-related reasons.
10. The job opportunity is for full-time, permanent employment for an employer other than the alien.

I hereby designate the agent or attorney identified in section E (if any) to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

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 herein is true and accurate. I understand that to knowingly furnish 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 a fine or imprisonment up to five years or both under 18 U.S.C. §§ 2 and 1001. Other penalties apply as well to fraud or misuse of ETA immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.

1. Last name <del>BAKI</del> VILLAVERDE	First name <del>WENH</del> DOREEN	Middle initial
2. Title HR Manager		
3. Signature <i>D. Villaverde</i>	Date signed 08/04/2010	

**Note** – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. 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.

**O. U.S. Government Agency Use Only**

Pursuant to the provisions of Section 212 (a)(5)(A) of the Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed.

This Certification is valid from 06/23/2010 to 12/20/2010

*William L. Carlson*  
 Signature of Certifying Officer

06/23/2010  
 Date Signed

A-10040-85863  
 Case Number

02/09/2010  
 Filing Date

201002091550 2901642 000284 24 011113 070710 11:18 070710 Exp: 09/01/2010



OMB Approval: 1205-0451  
Expiration Date: 06/30/2011

Application for Permanent Employment Certification  
ETA Form 9089  
U.S. Department of Labor



**P. OMB Information**

*Paperwork Reduction Act Information Control Number 1205-0451*

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Respondent's reply to these reporting requirements is required to obtain the benefits of permanent employment certification (Immigration and Nationality Act, Section 212(a)(5)). Public reporting burden for this collection of information is estimated to average 1¼ hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Division of Foreign Labor Certification \* U.S. Department of Labor \* Room C4312 \* 200 Constitution Ave., NW \* Washington, DC \* 20210.

**Do NOT send the completed application to this address.**

**Q. Privacy Statement Information**

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that the information provided herein is protected under the Privacy Act. The Department of Labor (Department or DOL) maintains a System of Records titled Employer Application and Attestation File for Permanent and Temporary Alien Workers (DOL/ETA-7) that includes this record.

Under routine uses for this system of records, case files developed in processing labor certification applications, labor condition applications, or labor attestations may be released as follows: in connection with appeals of denials before the DOL Office of Administrative Law Judges and Federal courts, records may be released to the employers that filed such applications, their representatives, to named alien beneficiaries or their representatives, and to the DOL Office of Administrative Law Judges and Federal courts; and in connection with administering and enforcing immigration laws and regulations, records may be released to such agencies as the DOL Office of Inspector General, Employment Standards Administration, the Department of Homeland Security, and the Department of State.

Further relevant disclosures may be made in accordance with the Privacy Act and under the following circumstances: in connection with federal litigation; for law enforcement purposes; to authorized parent locator persons under Pub. L. 93-647; to an information source or public authority in connection with personnel, security clearance, procurement, or benefit-related matters; to a contractor or their employees, grantees or their employees, consultants, or volunteers who have been engaged to assist the agency in the performance of Federal activities; for Federal debt collection purposes; to the Office of Management and Budget in connection with its legislative review, coordination, and clearance activities; to a Member of Congress or their staff in response to an inquiry of the Congressional office made at the written request of the subject of the record; in connection with records management; and to the news media and the public when a matter under investigation becomes public knowledge, the Solicitor of Labor determines the disclosure is necessary to preserve confidence in the integrity of the Department, or the Solicitor of Labor determines that a legitimate public interest exists in the disclosure of information, unless the Solicitor of Labor determines that disclosure would constitute an unwarranted invasion of personal privacy.



## Addendum

## K. Alien Work Experience Continued

## d. Job 4

1. Employer name <b>Ladbrokes</b>			
2. Address 1 <b>Imperial House</b>			
Address 2			
3. City <b>Harrow</b>	State/Province <b>Middlesex</b>	Country <b>UNITED KINGDOM</b>	Postal code
4. Type of business <b>Information Technology</b>		5. Job title <b>Deputy Manager</b>	
6. Start date <b>01/02/2004</b>	7. End date <b>07/28/2006</b>	8. Number of hours worked per week <b>40</b>	
9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.)  Required to plan, develop, test and document computer software programs, applying knowledge of programming techniques and computer systems using Oracle, Business Object, MS Project / Visio, UML, PL/SQL and SAP BW/BI			

## e. Job 5

1. Employer name <b>Nextcell, Ltd.</b>			
2. Address 1 <b>3-5-798, Prathima Schalass</b>			
Address 2			
3. City <b>Hyderabad</b>	State/Province <b>Andhra Prad</b>	Country <b>INDIA</b>	Postal code
4. Type of business <b>Information Technology</b>		5. Job title <b>Technical Engineer</b>	
6. Start date <b>08/01/2001</b>	7. End date <b>07/30/2002</b>	8. Number of hours worked per week <b>40</b>	
9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.)  Required to plan, develop, test and document computer software programs, applying knowledge of programming techniques and computer systems using Oracle, Business Object, MS Project / Visio, UML, PL/SQL and SAP BW/BI.			



August 5, 2010

USCIS  
Texas Service Center  
P.O. Box 852381  
Mesquite, TX 75185-2381

Re: **FORM I-140, Immigrant Petition for Alien Worker-**  
**Petitioner: FIRST TEK TECHNOLOGIES, INC.**  
**Beneficiary: Jayesh Srivastava**  
**Position: Computer Software Engineer, Systems Software**  
**ETA Case Number: A-10040-85863**  
**Category: EB2**

Dear Sir/Madam:

Please refer to your Notice of Action dated July 29, 2010, with reference to I-140 filed by First Tek Technologies, Inc. on behalf of Mr. Jayesh Srivastava. In this connection attached please find enclosed a copy of signed ETA Form 9089.

Should there be a need of any further information/documentation, please do not hesitate to contact us. We appreciate your cooperation and kind assistance in approving this petition.

Thank you,  
Sincerely

**Doreen Villaverde**  
**Human Resources Manager**



July 21, 2010

USCIS, Texas Service Center  
P.O. Box 852135  
Mesquite, TX 75185

Re: **FORM I-140, Immigrant Petition for Alien Worker**  
**Petitioner: FIRST TEK TECHNOLOGIES, INC.**  
**Beneficiary: Jayesh Srivastava**  
**Position: Computer Software Engineers, Systems Software**  
**ETA Case Number: A-10040-85863**  
**Category: EB2**

---

Dear Sir/Madam:

With reference to the captioned matter regarding the Form I-140, Immigrant Petition being filed by First Tek Technologies, Inc. on behalf of Mr. Jayesh Srivastava, attached please find the Form I-140, along with the following supporting documents:

**1. Alien Employment Certification:** Original approved certified Application for Permanent Employment Certification ETA 9089 issued by the U.S. Department of Labor, Atlanta with a priority date of February 9, 2010. **This application was filed by First Tek Technologies, Inc. on behalf of Mr. Jayesh Srivastava.** Attached also find the following in this regard:

a. Letter of support for Mr. Jayesh Srivastava.

**Alien's Work Experience:** The alien employment certification requires a Masters degree or in the alternative a Bachelor's degree plus five (5) years of experience. Mr. Srivastava is highly qualified software professional with over eight (8) years of related experience in the IT industry. His educational accomplishments include Master of Science degree in Digital Communications from London Metropolitan University, London and a Bachelor of Science degree in Electronic Engineering from Dr. Babasaheb Ambedkar Marathwada University, India.

**Page 2**

We submit the following in this regard:

1. Copy of educational documents, degrees and transcripts awarded to Mr. Srivastava;
2. Copies of previous experience letters of Mr. Srivastava;
2. **Employer's Financial Ability:** The Application for Permanent Employment Certification has a priority date of February 9, 2010. Please be advised that currently we have over 200 employees and annual revenue of \$24 million for the year 2009. Enclosed please find the letter of attestation of our ability to pay the alien beneficiary in this regard signed by the Financial Officer.

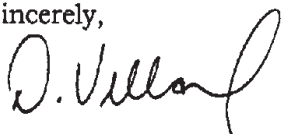
We also herewith submit the following to support the petition:

3. A check of \$475.00 payable to U.S. Department of Homeland Security towards the filing fee for Form I-140;
4. Copy of I-797, previous approval notice of Mr. Srivastava;
5. Copies of passport pages of Mr. Srivastava along with I-94;
6. Copy of W-2 issued to Mr. Srivastava for the year 2009;
7. Recent pay stubs issued to Mr. Srivastava.

Should there be a need of any further information/documentation, please do not hesitate to contact us. We appreciate your cooperation and kind assistance in approving this petition.

Thank you.

Sincerely,



**Doreen Villaverde**  
**Human Resources Manager**

U.S. Department of Labor

Employment and Training Administration

Atlanta Processing Center

Harris Tower

233 Peachtree Street, Suite 410

Atlanta, GA 30303



June 23, 2010

FIRST TEK TECHNOLOGIES INC.  
c/o Dyer Immigration Law Group, P.C.  
Dustin W. Dyer  
8727 Shrader Road  
Richmond, VA 23228

ETA Case Number: A-10040-85863  
Alien's Name: JAYESH SRIVASTAVA  
Occupation: Computer Software Engineer,  
Systems Software, 15-1032.00  
Date of Acceptance for  
Processing: February 09, 2010

Dear FIRST TEK TECHNOLOGIES INC.

The Department of Labor has made a determination on your Application for Permanent Employment Certification (ETA Form 9089) pursuant to 20 CFR §656.24 and as required by the Immigration and Nationality Act, as amended.

**Form ETA 9089 has been certified and is enclosed.** This certification must be attached to the I-140 petition and filed with the appropriate office of the United States Citizenship and Immigration Services (USCIS).

Sincerely,

William Carlson  
Certifying Officer

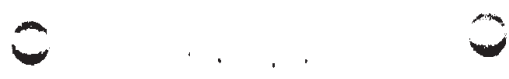
CC: FIRST TEK TECHNOLOGIES INC.  
Enclosure(s): ETA Form 9089

The image shows a large, empty rectangular box with a thin border, possibly representing a redacted area or a placeholder for a table. The box contains faint, illegible text and markings, including what appears to be a vertical label on the left side and some horizontal lines across the interior. The text is too light to be transcribed accurately.

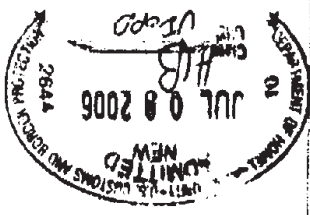
12		
09/ / 13		
09/ / 13		
13		



01	Status / Issue	Status / Issue



DATE		
SYMBOL / UNIT		



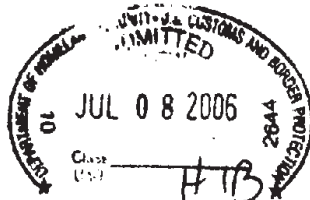
Departure Number

042003455 12



Immigration and Naturalization Service

I-94 Departure Record



01 OCT 2008

14. Family Name S R I V A S T A V A		16. Birth Date (Day/Mo/Yr) [REDACTED] 79
15. First (Given) Name P R A J A Y E S H		
17. Country of Citizenship I N D I A		

See Other Side

ENGLISH

STAPLE HERE





The image shows a tilted rectangular grid, likely a calendar or a ledger page. The grid is composed of several rows and columns. On the left side, there are two vertical labels: "Date / Week" and "Date / Day". The grid is mostly empty, with some faint, illegible markings in the rightmost column. The page is oriented vertically but the grid is tilted at an angle.

DATE	DESCRIPTION	AMOUNT



28				29

DC		
SYSU / USIP		
SYSU / USIP		
SYSU / USIP		

88		
ब्रह्म / age		

विभिन्न सेवा / MISCELLANEOUS SERVICE

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ब्रह्म / OBSERVATION

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पिता का नाम/नाम (Name of Father/Legal Guardian)  
BAJRANG PRASAD SRIVASTAVA

माता का नाम (Name of Mother)  
RAJINI SRIVASTAVA

पति या पत्नी का नाम (Name of Spouse)

पता (Address)

21-1-568 RICAB GUNJ

JUBILEE POST OFFICE

CHARMINAR HYDERABAD AP

पुराने पासपोर्ट का नं. और दिनांक जारी होने का स्थान (Old Passport No. with date and Place of issue)  
A7678755 23/04/1999 HYDERABAD

कार्ड नं. /File No.  
HYDM01282706

36

THIS PASSPORT IS THE PROPERTY OF THE GOVERNMENT OF INDIA. ANY COMMUNICATION RECEIVED BY HOLDER FROM THE PASSPORT AUTHORITY REGARDING THIS PASSPORT INCLUDING DEMANDS FOR ITS SURRENDER, SHOULD BE CONSULTED WITH THE INDIA MISSION IN THE COUNTRY OF THE HOLDER OR OF THE COUNTRY WHERE HE IS VISITING. IT MUST NOT BE ALTERED OR SUPPLEMENTED IN ANY WAY.

CAUTION

INDIAN CITIZENS RESIDENT ABROAD ARE ADVISED TO REGISTER WITH THE NEAREST INDIAN MISSION/POST.

REGISTRATION

INDIAN CITIZENS RESIDENT ABROAD ARE ADVISED TO REGISTER WITH THE NEAREST INDIAN MISSION/POST. THIS PASSPORT IS THE PROPERTY OF THE GOVERNMENT OF INDIA. ANY COMMUNICATION RECEIVED BY HOLDER FROM THE PASSPORT AUTHORITY REGARDING THIS PASSPORT INCLUDING DEMANDS FOR ITS SURRENDER, SHOULD BE CONSULTED WITH THE INDIA MISSION IN THE COUNTRY OF THE HOLDER OR OF THE COUNTRY WHERE HE IS VISITING. IT MUST NOT BE ALTERED OR SUPPLEMENTED IN ANY WAY.



13 OCT 2007  
 13 OCT 2007  
 13 OCT 2007

INDIAN CITIZENS RESIDENT ABROAD ARE ADVISED TO REGISTER THEMSELVES AT THE NEAREST INDIAN MISSION/POST

REGISTRATION

INDIAN CITIZENS RESIDENT ABROAD ARE ADVISED TO REGISTER THEMSELVES AT THE NEAREST INDIAN MISSION/POST

THIS PASSPORT IS THE PROPERTY OF THE GOVERNMENT OF INDIA. ANY COMMUNICATION RECEIVED BY HOLDER FROM THE PASSPORT AUTHORITY REGARDING THIS PASSPORT, INCLUDING DEMAND FOR ITS SURRENDER, SHOULD BE COMPLIED WITH IMMEDIATELY. PASSPORT SHOULD NOT BE SENT OUT OF ANY COUNTRY BY POST. IT SHOULD BE IN THE CUSTODY EITHER OF THE HOLDER OR OF A PERSON AUTHORIZED BY THE HOLDER. IT MUST NOT BE ALTERED OR MUTILATED IN ANY WAY.

38

GOVERNMENT OF INDIA GOVERNMENT OF INDIA GOVERNMENT OF INDIA GOVERNMENT OF INDIA GOVERNMENT OF INDIA

Name of Father/Mother/Guardian

BAJIRANG PRASAD

SRIWASTAVA

Name of Mother

RAJINI SRIWASTAVA

Name of Spouse

Special cases to specify to your file /Maidle distinguishing mark of the passport holder

TWO MOLES ON NECK

A-21234199





**EXTENDED BY ISSUE OF FRESH BOOKLET**

इसके द्वारा, भारत सरकार के उपसचिव के नाम पर, उन सब से विनम्र रूप से अनुरोध है, यह प्रार्थनाएँ अपना की जाती हैं कि वे वास्तव में बिना देर-बाँध, आसानी से जारी-आते हैं, और उसे हर तरह की देरी काफ़रता और सुझाव प्रदान की बिना उसे आसपास से।

THESE ARE TO REQUEST AND REQUEST IN THE NAME OF THE PRESIDENT OF THE REPUBLIC OF INDIA ALL THOSE WHOM IT MAY CONCERN TO ALLOW THE BEARER TO PASS FREELY WITHOUT LET OR HINDERANCE, AND TO AFFORD HIM OR HER, EVERY ASSISTANCE AND PROTECTION OF WHICH HE OR SHE MAY STAND IN NEED.

यह प्रार्थना के उपसचिव के नाम से किया गया  
BY ORDER OF THE PRESIDENT OF THE  
REPUBLIC OF INDIA



*[Signature]*  
A. S. GOVIL  
Additional Superintendent  
Passport Office, Hyderabad

**भारत गणराज्य REPUBLIC OF INDIA**



राष्ट्र / Type	देश कोड / Country Code	पासपोर्ट नं. / Passport No.
	IND	H7678751
नाम / Name		
दिए गए नाम / Given Names		
JAYESH SRIVASTAV		
राष्ट्रियता / Nationality	लिंग / Sex	जन्म तिथि / Date of Birth
INDIAN	MALE	197
जन्म स्थान / Place of Birth		
HYDERABAD - AP		
जन्म तिथि / Date of Birth	PO - HYDERABAD	
23-4-1999	99-3-2009	

*Jayesh*  
GOVT

Copy B To Be Filed with Employee's FEDERAL Tax Return.		2009 OMB No. 1545-0008	
a Employee's SSN	1 Wages, tips, other comp. 14700.00	2 Federal income tax withheld 2067.00	
b Employer ID no. (EIN)	3 Social security wages 14700.00	4 Social security tax withheld 911.40	
	5 Medicare wages and tips 14700.00	6 Medicare tax withheld 213.15	
c Employer's name, address, and ZIP code FIRST TEK TECHNOLOGIES, INC 622 GEORGES ROAD, SUITE: 102 NORTH BRUNSWICK NJ 08902			
d Control number			
e Employee's name, address, and ZIP code JAYESH SRIVATSAVA 2124 STRAWBERRY COURT EDISON NJ 08817			Suff.
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other NJ-SDI 73.50 NJ-SUI 56.23 NJ-WFD 6.17 NJ-FLI 13.23	12b Code	12c Code
Retirement Plan		12d Code	
Third-party sick pay			
NJ	14700.00	454.30	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS  
This information is being furnished to the Internal Revenue Service.

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.		2009 OMB No. 1545-0008	
a Employee's SSN	1 Wages, tips, other comp. 14700.00	2 Federal income tax withheld 2067.00	
b Employer ID no. (EIN)	3 Social security wages 14700.00	4 Social security tax withheld 911.40	
	5 Medicare wages and tips 14700.00	6 Medicare tax withheld 213.15	
c Employer's name, address, and ZIP code FIRST TEK TECHNOLOGIES, INC 622 GEORGES ROAD, SUITE: 102 NORTH BRUNSWICK NJ 08902			
d Control number			
e Employee's name, address, and ZIP code JAYESH SRIVATSAVA 2124 STRAWBERRY COURT EDISON NJ 08817			Suff.
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
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Retirement Plan		12d Code	
Third-party sick pay			
NJ	14700.00	454.30	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees).		2009 OMB No. 1545-0008	
a Employee's SSN	1 Wages, tips, other comp. 14700.00	2 Federal income tax withheld 2067.00	
b Employer ID no. (EIN)	3 Social security wages 14700.00	4 Social security tax withheld 911.40	
	5 Medicare wages and tips 14700.00	6 Medicare tax withheld 213.15	
c Employer's name, address, and ZIP code FIRST TEK TECHNOLOGIES, INC 622 GEORGES ROAD, SUITE: 102 NORTH BRUNSWICK NJ 08902			
d Control number			
e Employee's name, address, and ZIP code JAYESH SRIVATSAVA 2124 STRAWBERRY COURT EDISON NJ 08817			Suff.
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other NJ-SDI 73.50 NJ-SUI 56.23 NJ-WFD 6.17 NJ-FLI 13.23	12b Code	12c Code
Retirement Plan		12d Code	
Third-party sick pay			
NJ	14700.00	454.30	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.		2009 OMB No. 1545-0008	
a Employee's SSN	1 Wages, tips, other comp. 14700.00	2 Federal income tax withheld 2067.00	
b Employer ID no. (EIN)	3 Social security wages 14700.00	4 Social security tax withheld 911.40	
	5 Medicare wages and tips 14700.00	6 Medicare tax withheld 213.15	
c Employer's name, address, and ZIP code FIRST TEK TECHNOLOGIES, INC 622 GEORGES ROAD, SUITE: 102 NORTH BRUNSWICK NJ 08902			
d Control number			
e Employee's name, address, and ZIP code JAYESH SRIVATSAVA 2124 STRAWBERRY COURT EDISON NJ 08817			Suff.
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other NJ-SDI 73.50 NJ-SUI 56.23 NJ-WFD 6.17 NJ-FLI 13.23	12b Code	12c Code
Retirement Plan		12d Code	
Third-party sick pay			
NJ	14700.00	454.30	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

FORM LABEL

info, accurate, ASTI Use **e-file** Visit the IRS Web Site at www.irs.gov/efile.

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2009**

Control number Dept. Corp. Employer use only  
003022 03/CQT A 102

Employer's name, address, and ZIP code  
**INFOKALL INC**  
**2850 RED HILL AVE**  
**SANTA ANA CA 92705**

Batch #00785

Employee's name, address, and ZIP code  
**JAYESH SRIVASTAVA**  
**332 APT D**  
**MAIN STREET**  
**BELLEVILLE NJ 07109**

1 Wages, tips, other comp. 44510.40	2 Federal income tax withheld 5747.92
3 Social security wages 23939.20	4 Social security tax withheld 1484.23
5 Medicare wages and tips 23939.20	6 Medicare tax withheld 347.12
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
4 Other	12b
122.83 U/W/F/S/WF 144.50 NJ DI 26.00 FLI	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay
15 State Employer's state ID no. NJ	16 State wages, tips, etc. 46310.40
17 State income tax 1501.23	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

**2009 W-2 and EARNINGS SUMMARY**

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2009 pay stub plus any adjustments submitted by your employer.

Gross Pay	48310.40	Social Security Tax Withheld Box 4 of W-2	1484.23	N.J. State Income Tax Box 17 of W-2	1501.23
Fed. Income Tax Withheld Box 2 of W-2	5747.92	Medicare Tax Withheld Box 6 of W-2	347.12	SUI/SDI Box 14 of W-2	296.33

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	N.J. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	48,310.40	46,310.40	46,310.40	48,310.40
Less Other Code 125	1,800.00	1,800.00	1,800.00	N/A
Less Exempt Wages	N/A	20,571.20	20,571.20	N/A
Reported W-2 Wages	44,510.40	23,939.20	23,939.20	46,310.40

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

**JAYESH SRIVASTAVA**  
**832 APT D**  
**MAIN STREET**  
**BELLEVILLE NJ 07109**

Social Security Number: [REDACTED]  
Taxable Marital Status: SINGLE  
Exemptions/Allowances:  
FEDERAL: 3  
STATE: 3 Table A

© 2009 ADP, INC.

1 Wages, tips, other comp. 44510.40	2 Federal income tax withheld 5747.92
3 Social security wages 23939.20	4 Social security tax withheld 1484.23
5 Medicare wages and tips 23939.20	6 Medicare tax withheld 347.12
Control number Dept. Corp. Employer use only 003022 03/CQT A 102	

Employer's name, address, and ZIP code  
**INFOKALL INC**  
**2850 RED HILL AVE**  
**SANTA ANA CA 92705**

7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
4 Other	12b
122.83 U/W/F/S/WF 144.50 NJ DI 26.00 FLI	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay

Employee's name, address and ZIP code  
**JAYESH SRIVASTAVA**  
**332 APT D**  
**MAIN STREET**  
**BELLEVILLE NJ 07109**

15 State Employer's state ID no. NJ	16 State wages, tips, etc. 46310.40
17 State income tax 1501.23	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2009**

1 Wages, tips, other comp. 44510.40	2 Federal income tax withheld 5747.92
3 Social security wages 23939.20	4 Social security tax withheld 1484.23
5 Medicare wages and tips 23939.20	6 Medicare tax withheld 347.12
d Control number Dept. Corp. Employer use only 003022 03/CQT A 102	

Employer's name, address, and ZIP code  
**INFOKALL INC**  
**2850 RED HILL AVE**  
**SANTA ANA CA 92705**

7 Social security tips	8 Allocated tips
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122.83 U/W/F/S/WF 144.50 NJ DI 26.00 FLI	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay

Employee's name, address and ZIP code  
**JAYESH SRIVASTAVA**  
**832 APT D**  
**MAIN STREET**  
**BELLEVILLE NJ 07109**

15 State Employer's state ID no. NJ	16 State wages, tips, etc. 46310.40
17 State income tax 1501.23	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

**NJ State Reference Copy**  
**W-2 Wage and Tax Statement 2009**

1 Wages, tips, other comp. 44510.40	2 Federal income tax withheld 5747.92
3 Social security wages 23939.20	4 Social security tax withheld 1484.23
5 Medicare wages and tips 23939.20	6 Medicare tax withheld 347.12
d Control number Dept. Corp. Employer use only 003022 03/CQT A 102	

Employer's name, address, and ZIP code  
**INFOKALL INC**  
**2850 RED HILL AVE**  
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7 Social security tips	8 Allocated tips
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Employee's name, address and ZIP code  
**JAYESH SRIVASTAVA**  
**832 APT D**  
**MAIN STREET**  
**BELLEVILLE NJ 07109**

15 State Employer's state ID no. NJ	16 State wages, tips, etc. 46310.40
17 State income tax 1501.23	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

**NJ State Filing Copy**  
**W-2 Wage and Tax Statement 2009**

FIRST TEK TECHNOLOGIES, INC  
 1551 S Washington Avenue, Suite: 402 A  
 Piscataway, NJ 08854

Jayesh Srivastava  
 2124 Strawberry Court  
 Edison, NJ 08817

Employee Pay Stub      Check number:      Pay Period: 01/01/2010 - 01/31/2010      Pay Date: 02/10/2010

Employee      SSN  
 Jayesh Srivastava, 2124 Strawberry Court, Edison, NJ 08817      [REDACTED]

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary			6,000.00	6,000.00
<b>Taxes</b>			<b>Current</b>	<b>YTD Amount</b>
NJ - Workforce Dev. Employee			-2.52	-2.52
NJ - Health Care Subsidy Emp.			0.00	0.00
NJ - Family Leave Insurance			-7.20	-7.20
Federal Withholding			-954.00	-954.00
Social Security Employee			-372.00	-372.00
Medicare Employee			-87.00	-87.00
NJ - Withholding			-218.75	-218.75
NJ-SDI			-30.00	-30.00
NJ-SUI			-22.95	-22.95
			<b>-1,894.42</b>	<b>-1,894.42</b>
<b>Net Pay</b>			<b>4,305.58</b>	<b>4,305.58</b>

FIRST TEK TECHNOLOGIES, INC  
 1551 S Washington Avenue, Suite: 402 A  
 Piscataway, NJ 08854

Jayesh Srivastava  
 2124 Strawberry Court  
 Edison, NJ 08817

Employee Pay Stub                      Check number:                      Pay Period: 02/01/2010 - 02/28/2010                      Pay Date: 03/10/2010

Employee                      SSN

Jayesh Srivastava, 2124 Strawberry Court, Edison, NJ 08817



Earnings and Hours		Qty	Rate	Current	YTD Amount
Salary				5,700.00	11,700.00
Taxes				Current	YTD Amount
NJ - Workforce Dev. Employee				-2.39	-4.91
NJ - Health Care Subsidy Emp.				0.00	0.00
NJ - Family Leave Insurance				-6.84	-14.04
Federal Withholding				-879.00	-1,833.00
Social Security Employee				-353.40	-725.40
Medicare Employee				-82.65	-169.65
NJ - Withholding				-200.45	-419.20
NJ-SDI				-28.50	-58.50
NJ-SUI				-21.80	-44.75
				-1,575.03	-3,269.45
<b>Net Pay</b>				<b>4,124.97</b>	<b>8,430.55</b>



FIRST TEK TECHNOLOGIES, INC  
 1551 S Washington Avenue, Suite: 402 A  
 Piscataway, NJ 08854

Jayesh Srivastava  
 2124 Strawberry Court  
 Edison, NJ 08817

Employee Pay Stub                      Check number:                      Pay Period: 04/01/2010 - 04/30/2010                      Pay Date: 05/10/2010

Employee                      SSN

Jayesh Srivastava, 2124 Strawberry Court, Edison, NJ 08817



Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary			6,900.00	25,500.00
<b>Taxes</b>			<b>Current</b>	<b>YTD Amount</b>
NJ - Workforce Dev. Employee			-2.90	-10.71
NJ - Health Care Subsidy Emp.			0.00	0.00
NJ - Family Leave Insurance			-8.28	-30.60
Federal Withholding			-1,192.00	-4,217.00
Social Security Employee			-427.80	-1,591.00
Medicare Employee			-100.05	-369.75
NJ - Withholding			-278.00	-975.20
NJ-SDI			-34.50	-127.50
NJ-SUI			-26.39	-97.54
			-2,069.92	-7,409.30
<b>Net Pay</b>			<b>4,830.08</b>	<b>18,090.70</b>

FIRST TEK TECHNOLOGIES, INC  
 1551 S Washington Avenue, Suite: 402 A  
 Piscataway, NJ 08854

Jayesh Srivastava  
 2124 Strawberry Court  
 Edison, NJ 08817

Employee Pay Stub      Check number:      Pay Period: 05/01/2010 - 05/31/2010      Pay Date: 06/10/2010

Employee      SSN

Jayesh Srivastava, 2124 Strawberry Court, Edison, NJ 08817

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary			5,780.00	31,280.00
<b>Taxes</b>			<b>Current</b>	<b>YTD Amount</b>
NJ - Workforce Dev. Employee			-1.78	-12.47
NJ - Health Care Subsidy Emp.			0.00	0.00
NJ - Family Leave Insurance			-5.04	-35.64
Federal Withholding			-894.00	-5,111.00
Social Security Employee			-357.12	-1,938.12
Medicare Employee			-83.52	-453.27
NJ - Withholding			-204.11	-1,179.31
NJ-SDI			-21.00	-148.50
NJ-SUI			-16.06	-113.60
			-1,582.61	-8,991.91
<b>Net Pay</b>			<b>4,177.39</b>	<b>22,288.09</b>



FIRST TEK TECHNOLOGIES, INC  
 1551 S Washington Avenue, Suite: 402 A  
 Piscataway, NJ 08854

Jayesh Srivastava  
 2124 Strawberry Court  
 Edison, NJ 08817

Employee Pay Stub                      Check number:                      Pay Period: 06/01/2010 - 06/30/2010                      Pay Date: 07/10/2010

Employee	SSN	Status (Fed/State)	Allowances/Extra
Jayesh Srivastava, 2124 Strawberry Court, Edison, NJ 08817	[REDACTED]	Single/Single	Fed-2/0/NJ-2/0

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary			6,336.00	37,596.00
<b>Taxes</b>			<b>Current</b>	<b>YTD Amount</b>
NJ - Workforce Dev. Employee			0.00	-12.47
NJ - Health Care Subsidy Emp.			0.00	0.00
NJ - Family Leave Insurance			0.00	-35.64
Federal Withholding			-1,039.00	-6,150.00
Social Security Employee			-392.83	-2,330.95
Medicare Employee			-91.67	-545.14
NJ - Withholding			-239.25	-1,418.56
NJ-SDI			0.00	-148.50
NJ-SUI			0.00	-113.60
			-1,762.95	-10,754.86
<b>Net Pay</b>			<b>4,573.05</b>	<b>26,841.14</b>



July 21, 2010

USCIS, Texas Service Center  
P.O. Box 852135  
Mesquite, TX 75185

**RE: FORM I-140, IMMIGRANT PETITION FOR ALIEN WORKER**  
**Petitioner: FIRST TEK TECHNOLOGIES, INC.**  
**Beneficiary: SRIVASTAVA, Jayesh**

Dear Sir/Madam:

This letter is being submitted to support the attached I-140, Immigrant petition being filed by First Tek Technologies, Inc. on behalf of Mr. Jayesh Srivastava, a highly qualified Information Technology professional.

**Corporate Background of the Petitioner**

First Tek Technologies, Inc., established in 2001, specializes in the design, development, and documentation of custom-developed application software. We leverage our expertise along a wide range of disciplines to deliver system solutions of uncommon power and integrity.

We apply technology that works best for our clients, their environments, and their time frame. It is our mission to provide total solutions to our client's complex business problems through innovative application of technology. Capitalizing on the systems integration strength we possess, we are able to meet the challenges of our clients by providing services in:

- *Business to Business:* We focus on connecting business within vertical industries and helping corporations build and manage global e-commerce communities.
- *E-Commerce:* Our solutions provide a robust, secure and flexible infrastructure for managing e-commerce.
- *E-Business Solutions:* Our business solutions that go beyond designing simple web sites on e-commerce. Our enterprise extends from e-business strategy and business process reengineering, customer-focused design to the realm of technology architecture and technology selection.

**Page 2**

First Tek Technologies, Inc. prides itself on its reputation for high-quality, on-time service and anticipates explosive future growth. We are currently expanding our client base to encompass a nationwide clientele.

We have provided quality and cost effective information technology solutions to our clientele, thereby helping U.S. Companies to compete in the global economy with a distinct, competitive advantage. We will also achieve our mission via Quality, Integrity, Commitment, Responsiveness, and Focus. Our services include Feasibility Studies, Project Management, Systems Analysis and Design, Detail Design and Programming, Deployment and Training, and Quality Assurance. First Tek Technologies' most valuable assets are the dedication and expertise of our software professionals. Our access to the latest technologies keeps our computer professionals on the leading edge by providing them with continuous training. This advantage helps our clients become more productive, sustainable, and competitive in their respective markets which will result in increased market share and profitability. **Currently, we have over 200 employees and annual revenue of \$24 million for the year 2009.**

**About the beneficiary:**

The beneficiary Mr. SRIVASTAVA, Jayesh is still interested in pursuing his Green Card process with our company.

We herewith certify that:

- 1) The application is based on the attached Permanent Employment Certification. The attached labor was filed by First Tek on behalf of **Mr. Jayesh Srivastava** with a priority date of February 9, 2010.
- 2) Mr. SRIVASTAVA, met all of the minimum education, training, or experience requirements, as stated in ETA 9089, at the time the original labor certification application was filed with Department of Labor.
- 3) Mr. SRIVASTAVA is highly qualified software professional with over **(8) eight years** of related experience in the IT industry. His educational accomplishments include Master of Science degree in Digital Communications from London Metropolitan University, London and a Bachelor of Science degree from Dr. Babasaheb Ambedkar Marathwada University, India.
- 4) We have submitted documentation that shows that the beneficiary Mr. SRIVASTAVA, met the education, training, and experience requirements set forth in the original labor certification application at the time the original labor certification application was submitted.

**Page 3**

This letter will confirm that we intend to employ Mr. SRIVASTAVA, Jayesh on a permanent basis in accordance with our job offer stated in the enclosed Permanent Employment Certification.

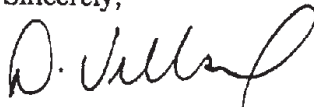
As a Computer Software Engineer, Systems Software Mr. SRIVASTAVA will be employed at a salary of \$86060 for 40 hours per week and will perform the following duties:

Required to research, design & develop complex computer software systems, applying principles & techniques of computer science, engineering and mathematical analysis.

Since the position requires, at an absolute minimum, a Master degree and two years of experience or in the alternative a Bachelor's degree plus five (5) years of experience. Mr. SRIVASTAVA, Jayesh falls in the employment-based second preference category. Based on Mr. SRIVASTAVA's credentials and experience, showing he is eminently qualified for the position, we request an approval of this petition.

Thank you.

Sincerely,



**Doreen Villaverde**  
**Human Resources Manager**



## THE TRUSTFORTE CORPORATION

271 Madison Avenue, Third Floor, New York, New York 10016

Tel: 212-481-4870 • Fax: 212-481-4971, 4972

Email: info@trustfortecorp.com www.trustfortecorp.com

### ACADEMIC EQUIVALENCY EVALUATION

Date: April 5, 2005

Name: **SRIVASTAVA, Jayesh**  
Country: India\United Kingdom

Degree: Bachelor of Engineering  
Institution: Dr. Babasaheb Ambedkar Marathwada University  
Date of Award: February 27, 2002

Degree: Master of Science  
Institution: London Metropolitan University  
Date of Award: February 17, 2004

Educational Equivalent in the United States:

#### BACHELOR OF SCIENCE DEGREE IN ELECTRONIC ENGINEERING

#### MASTER OF SCIENCE DEGREE IN DIGITAL COMMUNICATIONS

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The following is an analysis and advisory evaluation of the academic credentials of Mr. Jayesh Srivastava. As discussed herein, Mr. Srivastava completed bachelor's studies in Electronics and Telecommunications at Dr. Babasaheb Ambedkar Marathwada University, in India, and master's studies in Digital Communications at the London Metropolitan University, in the United Kingdom. Based on the foregoing academic credentials, I find that Mr. Srivastava attained the equivalent of a Bachelor of Science Degree in Electronic Engineering and a Master of Science Degree in Digital Communications from an accredited US college or university.

Mr. Srivastava commenced post-secondary studies in a Bachelor of Engineering program in Electronics and Telecommunications at Dr. Babasaheb Ambedkar Marathwada University, an accredited institution of higher education in India. Admission to the Bachelor of Engineering program at Dr. Babasaheb Ambedkar Marathwada University is based on the completion of secondary-level academic studies and competitive entrance examinations. Mr. Srivastava completed studies in general liberal arts subjects and concentrated studies in Electronic Engineering. The general studies included entry-level courses in the social sciences, mathematics, and the sciences, which are a requisite component of a bachelor's degree from an institution of



higher education in the United States. Based on the subject matter and credit hours of these courses, most such courses would qualify as equivalent to courses in US colleges and universities.

Additionally, Mr. Srivastava completed advanced bachelor's-level studies in his major area of concentration, Electronics and Telecommunications Engineering. His coursework included classes and examinations in Computer Communications, Electronic Measurement, Fiber Optic Communication, Industrial Electronics, Microcomputer Systems, Telecommunications Techniques, Digital Electronics, and related subjects. Following his completion of the required academic classes and examinations, Mr. Srivastava was awarded a Diploma for a Bachelor of Engineering Degree in Electronics and Telecommunications by Dr. Babasaheb Ambedkar Marathwada University. The nature of the courses and the credit hours involved indicate that he attained the equivalent of a Bachelor of Science Degree in Electronic Engineering from an accredited college or university in the United States.

In 2003, Mr. Srivastava enrolled in a graduate-level program in Digital Communications at the London Metropolitan University, an accredited institution of post-secondary studies in the United Kingdom. Admission to the graduate-level programs of the London Metropolitan University is based on the completion of bachelor's-level studies and competitive entrance examinations. Mr. Srivastava completed the requisite graduate-level studies, with a concentration in Digital Communications. His studies comprised graduate-level research and classes in Signal Processing, Advanced Communication Systems, Broadband Networks, Real Time Data Processing, Mobile and Digital Broadcasting, Microwave and Optical Communications, and related subjects. In addition, Mr. Srivastava was required to complete graduate projects that are comparable to thesis projects in US graduate programs. Following his completion of the required academic studies, examinations, and graduate research, on February 17, 2004, Mr. Srivastava was awarded a Diploma for a Master of Science Degree in Digital Communications Networks by the London Metropolitan University. The completion by Mr. Srivastava of the Master of Science program at the London Metropolitan University indicates that he attained the equivalent of a Master of Science Degree in Digital Communications from an accredited US college or university.

Based on the reputations of Dr. Babasaheb Ambedkar Marathwada University and the London Metropolitan University, the number of years of coursework, the nature of the coursework, the grades attained in the courses, and the hours of academic coursework, it is the judgment of The Trustforte Corporation that Mr. Jayesh Srivastava attained the equivalent of a Bachelor of Science Degree in Electronic Engineering and a Master of Science Degree in Digital Communications from an accredited college or university in the United States.

This evaluation is based on copies of the original documents provided by Mr. Srivastava and represented to be authentic and true copies of the original documents. We have no reason to doubt the authenticity and accuracy of these documents. This is a true and correct evaluation to the best of our knowledge and belief, pursuant to requirements of the United States Citizenship and Immigration Services ("USCIS") of the United States Department of Homeland Security. The Trustforte Corporation is a credentials evaluation service and academic advisory firm



specializing in the evaluation of foreign educational credentials. Past academic equivalency evaluations of The Trustforte Corporation have been accepted regularly by the USCIS and various US educational institutions.

Corporate Seal

Barry S. Silberzweig, B.A., J.D., M.B.A., Evaluator; Member, American Association of Collegiate Registrars and Admissions Officers (AACRAO), NAFSA: Association of International Educators, and National Association of Graduate Admissions Professionals (NAGAP). *For detailed statement of qualifications and experience of evaluator, see attached resume.*

- References:
1. International Academic Credentials Handbook, Volume III, Washington, D.C.: AACRAO/NAFSA, 1992.
  2. Taylor, Ann [ed.]. *International Handbook of Universities and Other Institutions of Higher Education*, 12th ed. New York: Stockton Press, 1991.
  3. U.S. Department of Education, National Center for Education Statistics. *Degrees and Other Awards Conferred by Degree-Granting Institutions: 2002-96*. Washington, D.C.: U.S. Government Printing Office, 1998.
  4. Peterson's Register of Higher Education, 1994. 7th ed. Princeton, New Jersey: Peterson's Guides, 1994.
  5. *Universities Handbook*, Association of Indian Universities, 26th ed., AIU House, 16 Kotla Marg, New Delhi, India, 2002.
  6. *Handbook of Engineering Education*, Association of Indian Universities, AIU House, 16 Kotla Marg, New Delhi, 1995.





## JAYESH SRIVASTAVA

has been awarded the degree of

**Master of Science**

having successfully completed the approved postgraduate programme in

**Digital Communications Networks**

Vice-Chancellor

*Michael J. Ford*

Chief Executive

*Brian A. Roper*

Director of Academic  
Administration

*Ry Smith*

Dated

17th February 2004

*Jayesh*  
JAYESH SRIVASTAVA  
*Edward Robert Chalupa*  
JUL 01 2009  
EDWARD ROBERT CHALUPA  
NOTARY PUBLIC OF NEW JERSEY  
COUNTY OF SOMERSET  
MY COMMISSION EXPIRES SEPTEMBER 15, 2010



Name of Student Jayesh Srivastava  
 University reference 02014365/1

Date of birth [redacted] 1979  
 HESA reference 0212025007052

Qualification Award Master of Science  
 Awarding institution  
 Teaching Institution London Metropolitan University  
 Programme of study Digital Communications Networks  
 Professional or statutory body accreditation  
 Language(s) of Instruction English



**Record of Learning and Achievement**

Level	Capability	Module	Mark	Grade	Credit
<b>2002/3 Level M Master of Science</b>					
M	EE10P.0	Signal Processing	52	C	15
M	EE11P.0	Advanced Communications Systems	59	C	15
M	EE12P.0	Broadband Networks	66	B	15
M	EE13P.0	Real Time Data Processing	57	C	15
M	EE15P.0	Mobile and Digital Broadcasting	47	D	15
M	EE16P.0	Microwave and Optical Communications	51	C	15
<b>2003/4 Level M Master of Science</b>					
M	EE18P.0	Project	55	C	30
<b>Postgraduate Credits</b>			120.00		
<b>Progression Decision for 2003/4:</b>			Course Complete		

**Award mark and Total credits gained** 55.25 120.0

**Date of Award** 17/02/2004 **Date Transcript Issued** 17 AUGUST 2004

To check the validity of this transcript call: 0207 314 4214

TRUE COPY  
 Jayesh  
 JAYESH SRIVASTAVA

**JUL 01 2009**  
 EDWARD ROBERT CHALUPA  
 NOTARY PUBLIC OF NEW JERSEY  
 COUNTY OF SOMERSET  
 MY COMMISSION EXPIRES SEPTEMBER 15, 2010



We,  
the Chancellor, Vice-Chancellor  
and Members of the Management Council of  
Dr. Babasaheb Ambedkar Marathwada University  
Certify

[Redacted Name]

that the withinsigned

*Jayesh Shivastava*

MY COM

MISSION EXPIRES SEPTEMBER 15, 20

having been examined and found duly qualified for the  
Degree of Bachelor of Engineering ( *Electronics &  
Telecommunication* ) and placed in the First Division  
with distinction in *May / June 1999* 2001. The Degree of

**Bachelor of Engineering**

( *Electronics & Telecommunication* )

has been conferred on *him* at *Aurangabad*, on the  
*twentysixth* day of the month of *February* in the year  
*two thousand two*

In Testimony whereof are set the Seal of the said University  
and the signature of the said Vice-Chancellor.

Seat No. 490422.

Place : *Aurangabad*

Date of issue of the 12 APR 2002.

Degree Certificate \_\_\_\_\_

*Vice-Chancellor*

TRUE COPY

*Joyen*

*JAYESH SHIVASTAVA*

*Edward Robert Chalupa*

JUL 01 2009

EDWARD ROBERT CHALUPA  
NOTARY PUBLIC OF NEW JERSEY  
COUNTY OF SOMERSET

TRUE COPY  
 Jayesh  
 JAYESH SRIVASTAVA  
 JUL 01 2009  
 EDWARD ROBERT CHALUPA  
 NOTARY PUBLIC OF NEW JERSEY  
 COUNTY OF SOMERSET  
 MY COMMISSION EXPIRES SEPTEMBER 15, 2010

SR.NO: **E 27230** STATEMENT OF MARKS FOR **DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY** AURANGABAD - 431 004. REGISTRATION NO. **969080**  
**B.E. ELECTRONICS & TELECOMM. PART I&II, MAY/JUNE-2001.**

NAME	COURSE NAME	SEAT NO.	COLLEGE	COURSE NAME	MARKS	OBST		
JAYESH SRIVASTAVA	DIGITAL SIGNAL PROCESSING	490422	9 : S.T.B. ENGINEERING COLLEGE TULJAPUR	PP	100	40	59	
	TM			25	10	23	57	
	COMPUTER COMMUNICATION			PP	100	40	44	
	PR			50	20	74	44	
	UHF & MICROWAVE ENGINEERING			PP	100	40	45	
	PR			50	20	45	45	
	ELECTRONIC MEASUREMENTS			PP	100	40	56	
	PR			50	20	45	45	
	PROJECT PART - I			PP	100	40	54	
	TM			50	20	47	46	
	INDUSTRIAL INST. & DIGIT. CONTROL			PP	100	40	47	
	TM			25	10	22	42	
				COMMUNICATION SYSTEM	PP	100	40	57
				OPTOELECTRONICS	PR	50	20	44
				CONSUMER ELECTRONICS	PP	100	40	74
				FIBER OPTIC COMMUNICATION.	PR	50	20	45
				PROJECT PART - II	PP	100	40	45
				TM	46	20	92	54
				TP	150	60	138	46
				GRAND TOTAL :	1500	675	1046	

\*\*\* TOTAL IN WORDS : ONE THOUSAND FORTYSIX\*\*\*\*\*  
 Result : Passed in First Division with DISTINCTION  
 NOTE: MAX-MAXIMUM MARKS: MIN-MINIMUM FOR PASSING: OBT-MARKS OBTAINED: AA-ABSENT:  
 DATE: 10/08/2001. PP-PAPER TW-TEAMWORK PR-PRACTICAL/ORAL: TP-TERMWORK AND PRACTICAL/ORAL: (C-PREVIOUS CARRY OVER):  
 CONTROLLER OF EXAMINATIONS :

1 -

True copy  
 Jayesh  
 JAYESH SRIVASTAVA  
 JUL 01 2009  
 EDWARD ROBERT CHALUPA  
 NOTARY PUBLIC OF NEW JERSEY  
 COUNTY OF SOMERSET  
 MY COMMISSION EXPIRES SEPTEMBER 15, 2010

SR. NO.: **12332** STATEMENT OF MARKS FOR **DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY** AURANGABAD - 431 004. REGISTRATION NO. **9659080**  
 T. E. ELECT. TELECOMMUNICATION PART-I & II. MAY/JUNE-2000.

NAME	COURSE NAME	SEAT NO.	COLLEGE	COURSE NAME
JAYESH SRIVASTAVA		390312	9 : S.T.B. ENGINEERING COLLE TELJAPUR	
	INDUSTRIAL ELECTRONICS			INDUSTRIAL MANAGEMENT
	ELECTROMAGNETIC ENGINEERING			AUTOMATIC CONTROL SYSTEM
	MICROPROCESSOR & PHERIPHERAL			ELECTRONICS DESIGN TECHNOLOGY
	LINEAR INTEGRATED CIRCUIT			MICROCOMPUTER SYSTEMS
	COMMUNICATION ENGINEERING			TELECOMMUNICATION TECHNIQUES
	ELECTRONICS WORKSHOP - II			COMPUTER LAB. - II

\*\*\* TOTAL IN WORDS : SEVEN HUNDRED EIGHTYSIX\*\*\*\*\*  
 Result : Passed in **SECOND DIVISION**

NOTE: MAX-MAXIMUM MARKS: MIN-MINIMUM FOR PASSING: OBT-MARKS OBTAINED: AA-ABSENT:  
 DATE: 30/07/2000. PP-PAPER TW-TERMWORK: PR-PRACTICAL/ORAL: TP-TERMWORK AND PRACTICAL/ORAL: (C-PREVIOUS CARRY OVER):

GRAND TOTAL : 1500 675 786

CONTROLLER  
 OF EXAMINATIONS

TRUE COPY  
 JAYESH SRIVASTAVA  
 Edward Robert Chalupa  
 JUL 01 2009  
 EDWARD ROBERT CHALUPA  
 NOTARY PUBLIC OF NEW JERSEY  
 COUNTY OF SOMERSET  
 MY COMMISSION EXPIRES SEPTEMBER 15, 2010

SR. NO.: 31194 STATEMENT OF MARKS FOR S.E. (EC/ECDT/IE) DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY AURANGABAD - 431004.  
 PART I BII (REV)/MAY/JUNE-1998. REGISTRATION NO. 969980

NAME	COURSE NAME	SEAT NO.	COLLEGE	MARKS		OBT	
				MAX	MIN		
JAYESH SRIVASTAVA	ENGINEERING MATHEMATICS - III	290476	9 : S.T.R.ENGINEERING COLLEGE TULJAPUR	PP	100	40	19
	ELECTRICAL MACHINES & MEASUR.			PP	100	40	40
	ELECTRONICS DEVICES CIRCUITS-I			PP	50	20	23
	NETWORKS AND LINES			PP	100	40	40
	COMP. ORIENTED NUMERICAL METHOD			PP	50	20	30
	COMPUTER LABORATORY			PP	100	40	43
				PR	50	20	38
				PR	100	40	50
				PR	50	20	41
				TW	50	20	39
	ENGINEERING MATHEMATICS - IV			PP	100	40	40
	ELECTRONICS DEVICE CIRCUITS-II			PP	100	40	40
	INSTRUMENTATION TECHNIQUES			PR	50	20	32
	PRIN. OF COMMUNICATION ENGG.			PP	100	40	40
	DIGITAL ELECTRONICS			TW	50	20	35
	ELECTRONIC WORK SHDP			PP	100	40	40
				PR	50	20	36
				PR	100	40	69
				PR	50	20	35
				TW	50	20	40

GRAND TOTAL : 1500 675

Result : Held over under 0313

NOTE: MAX-MAXIMUM MARKS: MIN-MINIMUM FOR PASSING: OBT-MARKS OBTAINED: AA-ABSENT:  
 PP-PAPER: TW-TERMINOR: PR-PRACTICAL/ORAL: TP-TERMINOR AND PRACTICAL/ORAL (C-PREVIOUS CARRY OVER):  
 DATE: 21/07/98.

CONTROLOR  
 OF EXAMINATIONS

TRUE COPY  
 Jayesh Srivastava  
 JAYESH SRIVASTAVA  
 JUL 01 2009  
 EDWARD ROBERT CHALLIPA  
 NOTARY PUBLIC OF NEW JERSEY  
 COUNTY OF SOMERSET  
 MY COMMISSION EXPIRES SEPTEMBER 15, 2010

DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY AURANGABAD - 431 004.  
 SR. NO.: 61999 STATEMENT OF MARKS FOR S.E. (EC/ECE/IT/IE) PART I & II (REV) MAY/JUNE -1999 REGISTRATION NO. 969080

NAME	COURSE NAME	SEAT NO.	COLLEGE	COURSE NAME	MAX	MIN	OBT	MAX	MIN	OBT
JAYESH SRIVASTAVA	ENGINEERING MATHEMATICS - III	291492	9 : S.T.B. ENGINEERING COLLEGE TELHAR	ENGINEERING MATHEMATICS - IV	100	40	41	100	40	40
	ELECTRICAL MACHINES & MEASUR.			ELECTRONICS DEVICE CIRCUITS-II	100	20	Ex	100	20	Ex
	ELECTRONICS DEVICES CIRCUITS-I			INSTRUMENTATION TECHNIQUES	50	20	Ex	50	20	Ex
	NETWORKS AND LINES			PRIN. OF COMMUNICATION ENGG.	100	40	Ex	100	40	Ex
	COMP. ORIENTED NUMERICAL METHOD			DIGITAL ELECTRONICS	50	20	Ex	50	20	Ex
	COMPUTER LABORATORY			ELECTRONIC WORK SHOP	50	20	Ex	50	20	Ex

GRAND TOTAL : 1500 675 792

Result : PASSED  
 NOTE: MAX-MAXIMUM MARKS: MIN-MINIMUM FOR PASSING OBT-MARKS OBTAINED: AA-ABSENT:  
 DATE: 20/07/99. PP-PAPER: TW-TERMWORK: PR-PRACTICAL/ORAL: TP-TERMWORK AND PRACTICAL/ORAL: C-PREVIOUS CARRY OVER:  
 CONTROLOR OF EXAMINATIONS

SR. NO: 25118 STATEMENT OF MARKS FOR FIRST YEAR ENGINEERING. (REV.) MAY/JUNE-1998.  
 DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY AURANGABAD - 431 004.  
 REGISTRATION NO. 261000

NAME	COURSE NAME	SEAT NO.	COLLEGE	COURSE NAME	MARKS		OBT			
					MAX	MIN				
JAYESH SRIVASTAVA	ENGINEERING MATHEMATICS - I APPLIED SCIENCE - I	PP	100	40	EX	ENGINEERING MATHEMATICS - II APPLIED SCIENCE - II	PP	100	40	EX
		PP	100	40	EX		PP	100	40	EX
		TW	70	20	EX		TW	50	20	EX
		PP	100	40	EX		PP	100	40	EX
		TW	100	40	EX		TW	50	20	EX
	ENGINEERING DRAWING ELEMENTS OF CIVIL ENGINEERING COMPUTER PROGRAMMING WORK SHOP - I	PP	100	40	EX	ELEMENTS OF MECHANICAL ENGG. ELEMENTS OF ELECTRICAL ENGG. ENGINEERING MECHANICS WORK SHOP - II	PP	100	40	EX
		PP	100	40	EX		PP	100	40	EX
		TW	50	20	EX		TW	50	20	EX
		PP	50	20	EX		PP	100	40	EX
		TW	50	20	EX		TW	50	20	EX

GRAND TOTAL : 1500 675

Result: **PAILED**  
 NOTE: MAX-MAXIMUM MARKS: MIN-MINIMUM FOR PASSING: OBT-MARKS OBTAINED: AA-ABSENT:  
 DATE: 14/07/98 PP-PAPER: TW-TERMWORK: PR-PRACTICAL/ORAL: TP-TERMWORK AND PRACTICAL/ORAL (C-PREVIOUS CARRY OVER):  
 CONTROLLER OF EXAMINATIONS

TRUE COPY  
 Jayesh Srivastava  
 Edward Robert Chalupa  
 NOTARY PUBLIC OF NEW JERSEY  
 COUNTY OF SOMERSET  
 JUL 01 2009  
 MY COMMISSION EXPIRES SEPTEMBER 15, 2010

SR. NO: **02366** STATEMENT OF MARKS FOR **DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY** AURANGABAD - 431 004.  
 FIRST YEAR ENGINEERING. (REV.) MAY/JUNE - 1997. REGISTRATION NO. 969080

NAME	COURSE NAME	SEAT NO.	COLLEGE	MARKS		OBT.	
				MAX	MIN		
JAYESH SRIVASTAVA	ENGINEERING MATHEMATICS - I	190080	9 : S.T.B. ENGINEERING COLLEGE TULJAPUR	PP	100	40	
	APPLIED SCIENCE - I			PP	100	40	
	ENGINEERING DRAWING			TM	50	20	33
	ELEMENTS OF CIVIL ENGINEERING			PP	100	40	40
COMPUTER PROGRAMMING	WORK SHOP - I			PP	100	40	
				PP	50	20	20
				TM	50	20	39
				TM	50	20	42
COMPUTER PROGRAMMING	WORK SHOP - II			PP	100	40	
				PP	100	40	40
				TM	50	20	41
				TM	50	20	49
COMPUTER PROGRAMMING	WORK SHOP - I			PP	100	40	
				PP	100	40	49
				TM	50	20	40
				TM	50	20	42
COMPUTER PROGRAMMING	WORK SHOP - II			PP	100	40	
				PP	100	40	42
				TM	50	20	27
				TM	50	20	45
COMPUTER PROGRAMMING	WORK SHOP - I			PP	100	40	
				PP	100	40	47
				TM	50	20	47
				TM	50	20	47

GRAND TOTAL : 1500 675

Result : **F - ATKT**

NOTE: MAX-MAXIMUM MARKS: MIN-MINIMUM FOR PASSING OBT-MARKS OBTAINED: AA-ABSENT:  
 DATE: 15/07/97 PP-PAPER: TW-TERMWORK: PR-PRACTICAL/ORAL: TP-TERMWORK AND PRACTICAL/ORAL (C-PREVIOUS CARRY OVER):

CONTROLLER OF EXAMINATIONS

**JUL 01 2009**  
 EDWARD ROBERT CHALUPA  
 NOTARY PUBLIC OF NEW JERSEY  
 COUNTY OF SOMERSET  
 MY COMMISSION EXPIRES SEPTEMBER 15, 2010

*True Copy*  
*Edward Robert Chalupa*  
 EDWARD ROBERT CHALUPA  
 NOTARY PUBLIC OF NEW JERSEY  
 COUNTY OF SOMERSET  
 MY COMMISSION EXPIRES SEPTEMBER 15, 2010



SR. NO.: 49193 STATEMENT OF MARKS FOR FIRST YEAR ENGINEERING. (REV.) MAY/JUNE-1999.

DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY AURANGABAD - 431 004.

REGISTRATION NO. 969080

NAME: JAYESH SRIVASTAVA SEAT NO. 191188 COLLEGE 9 : S.T.J. ENGINEERING COLLEGE TULJAPUR

COURSE NAME	MAX	MARKS		OBT	COURSE NAME	MAX	MARKS		OBT
		MIN	PERCENT				MIN	PERCENT	
ENGINEERING MATHEMATICS - I	100	40	40	EX	ENGINEERING MATHEMATICS - II	100	40	40	EX
APPLIED SCIENCE - I	100	20	20	EX	APPLIED SCIENCE - II	100	20	20	EX
ENGINEERING DRAWING	100	40	40	EX	ELEMENTS OF MECHANICAL ENGG.	100	40	40	EX
ELEMENTS OF CIVIL ENGINEERING	100	40	40	EX	ELEMENTS OF ELECTRICAL ENGG.	100	40	40	EX
COMPUTER PROGRAMMING	50	20	20	EX	ENGINEERING MECHANICS	100	40	40	EX
WORK SHOP - I	50	20	20	EX	WORK SHOP - II	50	20	20	EX

GRAND TOTAL : 1500 675 880

Result : PASSED

NOTE: MAX-MAXIMUM MARKS: MIN-MINIMUM FOR PASSING OBT-MARKS OBTAINED: AA-ABSENT.  
 DATE: 12/07/99, PP-PAPER, TW-TERMINAL, TP-TERMINAL AND PRACTICAL ORAL, (C-PREVIOUS CARRY OVER).

CONTROLLER OF EXAMINATIONS

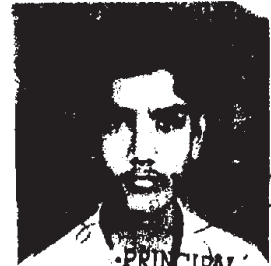
EDWARD ROBERT CHALLIPA  
 NOTARY PUBLIC OF NEW JERSEY  
 COUNTY OF SOMERSET  
 MY COMMISSION EXPIRES SEPTEMBER 15, 2010

JAYESH SRIVASTAVA  
 TRUE COPY  
 JAYESH SRIVASTAVA  
 JUL 01 2009

52 SERIAL No : F 213441

**Board of Intermediate Education**

ANDHRA PRADESH, HYDERABAD



PRINCIPAL  
Ratna Junior College  
Narayanaguda, Hyderabad

**PASS CERTIFICATE - CUM - MEMORANDUM OF MARKS**

THIS IS TO CERTIFY THAT

JAYESH SRIVASTAVA

SON/DAUGHTER OF  
XXXXXXXX

BAJRANGA PRASAD S

WITH REGISTRATION NUMBER

2219603

PASSED THE

INTERMEDIATE PUBLIC EXAMINATION HELD IN

MARCH 1996

AND WAS PLACED IN

FIRST

DIVISION

THE SUBJECTS IN WHICH THE CANDIDATE WAS EXAMINED AND THE  
MARKS SECURED WERE AS FOLLOWS

MEDIUM :

ENGLISH

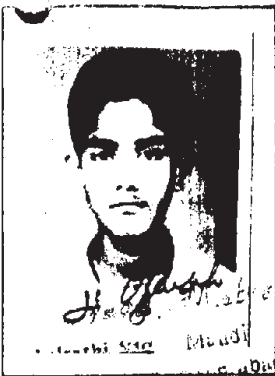
096735

SUBJECTS	PAPER - I		PAPER - II	
	MAXIMUM MARKS	MARKS OBTAINED	MAXIMUM MARKS	MARKS OBTAINED
PART - 1 : ENGLISH	100	062	100	060
PART - 2 : FRENCH	100	059	100	048
PART - 3 : OPTIONAL SUBJECTS				
MATHEMATICS	150	081	150	115
PHYSICS	60	040	60	026
PHYSICS PRACTICAL			30	028
CHEMISTRY	60	044	60	027
CHEMISTRY PRACTICAL			30	026
GRAND TOTAL				
IN FIGURES	IN WORDS			DATE
016	***SIX****ONE*****SIX*****			03-06-96

*[Signature]*  
JOINT DEPUTY SECRETARY

51/20  
7

BOARD OF SECONDARY EDUCATION  
ANDHRA PRADESH



J 382527



SECONDARY SCHOOL CERTIFICATE

PC/02/001101774

Certified that		JAYESH SRIVASTAVA				bearing	
R.No.	U036220	Son of		S BAJRANG PRASAD			
and belonging to		SREE GUJARATHI YHS SULTANBAZAR, HYD				appeared	
at the SSC EXAMINATION held in		MARCH 1994.		and PASSED the EXAMINATION in			
FIRST		division with		ENGLISH		as the medium of instruction.	
The Date of Birth of the Candidate is							
DATE OF BIRTH		DAY		MONTH		YEAR	
1979		ONE		FIVE		MAR ONE NINE SEVEN NINE	
The Candidate Secured the following Percentage of marks							
FIRST LANG.	MARKS	THIRD LANG.	MARKS	MATHEMATICS	MARKS		
HINDI	49	ENGLISH	61	MATHEMATICS	79		
GENERAL SCIENCE	72	SOCIAL STUDIES	67	TOTAL (in figures)	328		
TOTAL (in words)		* THREE HUNDRED AND TWENTY EIGHT *					
SECOND LANGUAGE (		TELUGU		* FIFTY THREE *		) 53	
Marks of Identification		1 Two moles on the neck. 2 -					
Head of Institution		Headmistress					
Date of Issue		Gujra High School Sultanbazar, Hyderabad A.P.					
HYDERABAD		SECRETARY					

10  
92



510 Thornall St. • Suite 260 • Edison, NJ 08837 • Phone: 732-548-3100 • Fax: 732-548-3125 • www.infokall.com

July 13, 2010

To Whom It May Concern:

Date:

This letter is to confirm that Mr. Jayesh Srivastava was employed by Infokall Inc. from October 2008 to October 2009 as a Programmer Analyst.

During his tenure with Infokall Inc, Mr. Jayesh Srivastava gained valuable experience working with supervisors, peers and subordinates who shared a Masters & Bachelors level degree in Computer Science, MIS, CIS, Mathematics, Engineering or a related field.

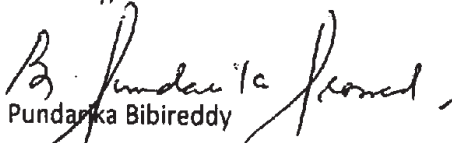
Mr. Jayesh Srivastava job duties were as follows:

Responsible for analyzing, coding, designing, documenting, implementing and maintaining system/application using technologies like

- **Methodologies:** RUP, UML, SDLC
- **Testing Tools:** Mercury QC
- **Requirement Mgmt Tools:** Rational RequisitePro, CaliberRM
- **Business Modeling Tools:** Rational Rose, Microsoft Visio
- **Database:** Oracle, SAP BW/BI
- **Reporting Tool:** Business Object, Crystal Reports
- **Other Tools:** MS Office suite, MS Project Plan, PL/SQL.

Please feel free to contact me if you need any further details at 732-548-3100 \*300.

Sincerely,

  
Pundarikka Bibireddy  
COO

California: 2850 Red Hill Ave. • Suite 140 • Santa Ana, CA 92705 • Phone: 949-260-2697 • Fax: 949-253-9698

Hyderabad: 5-9-22 5th Floor • Suite 504 • Secretariat Road • Saifabad, Hyderabad 500 063 • Phone: 91-040-32908711 / 66847900

Kolkata: Advantage Tower • EN 27 8th Floor • Sector 5 • Salt Lake, Kolkatta, India 700 091 • Phone: 91-033-40040990



Corporate Office: Woodbridge Corporate Plaza, 485 US Highway 1 South, Building E, Suite 240  
Iselin, NJ 08830, Phone: 732-634-7900, Fax: 732-636-1933, Web: www.SrgAmerica.com

March 31, 2010

To Whom It May Concern:

This letter is to confirm that Mr. Jayesh Srivastava was employed by SRG America Inc. from October 2006 to September 2008 as a Programmer Analyst.

His responsibilities during his tenure were:

- Gather requirements from both internal and external customers
- Documenting the requirements and designing Use Case Model using Rational Suite
- Designing Business Models to better understand the process using MS Visio
- Disseminate the project plan, resource plan and communication plan to team members and stakeholders
- Participating in functional and technical design workshops and translate functional requirements into a detailed architectural design
- Perform troubleshooting tasks as part of business operation support for data dissemination, suggest and implement improvements in Business process
- Design, develop and implement database, programs and scripts using structured software development method to meet specific client needs
- Review, repair, and modify software programs to ensure technical accuracy and reliability of programs
- Identify and Investigates problems and opportunities to determine the feasibility of a system solution and to identify the general kinds of system solution
- Define technical standards; evaluate alternative protocols, tools and standards.
- Designs and develops users' manuals and corresponding training programs for a system
- Assists the users in preparing for the installation and start-up of any new system being implemented

To perform his duties Jayesh used various methodologies/tools like RUP, UML, MS Office, MS Project, MS Visio, Rational Suite, Erwin, Oracle, PL/SQL, SAP BW/BI, Business Objects, Mercury QC etc.

Jayesh had an excellent rapport with team members and other constituents served by our office. He would be an asset to any employer and I highly recommend him for any endeavor he chooses to pursue.

If you have any questions, please do not hesitate to contact me 732-634-7900 x 33

Sincerely,

**Ratibha Agarwal**  
Manager, Employee Relations

**SRG AMERICA**

California: 2292 Walsh Ave Santa Clara, CA 95050, Ph: 408-727-2774, Fax: 408-727-4774  
New York: 450 7th Ave, Suite 1906, New York, NY 10123, Ph: 212-560-6200, Fax: 212-560-8900 • info.ny@SrgAmerica.com  
Hyderabad: 5-9-22, 5th Floor, Suite 504 Secretariat Road, Saifabad, Hyderabad 500063, Ph: 91-040-32908711/66847900  
Kolkata: Advantage Tower, EN 27, 8th Floor, Sector 5 Salt Lake, Kolkatta, India 700091, Ph: 91-033-40040990

19th July 2010

To Whom It May Concern:

(b)(6)

My name is Gurjeetsingh Modi. I currently reside at

I personally know Mr. Jayesh Srivastava. I know Jayesh because I worked with him during the period from Jan 2004 through July 2006 at Ladbrokes. Jayesh was employed as a Deputy Manager.

I have personal knowledge that during his time working with Ladbrokes, Jayesh job duties were as follows:

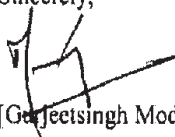
- Upgrading and maintaining the software
- Monitoring and updating database and maintaining its data integrity
- Maintaining security of network
- Providing mentorship and professional development to other professionals like technical, support staff etc
- Maintaining professional and technical operating standards
- Approving and directing project purchases
- Presenting project accomplishments and status on a regular basis
- Developing and maintaining relationships with current and prospective clients and
- Communicating legal updates with executive leadership

He used technologies like MS Project Plan, RUP, Oracle, Rational Suite etc. to perform his duties successfully.

I have personal knowledge of the above-information. I may be contacted by calling

Sincerely,

(b)(6)

  
[Gurjeetsingh Modi]

*I confirm that this letter was signed by Gurjeetsingh Modi in my presence at Edinburgh, Scotland, U.K on 19th July 2010*

*A Struan Duff*

**ALEXANDER STRUAN DOUGLAS  
SOLICITOR & NOTARY PUBLIC  
69 HAYMARKET TERRACE  
EDINBURGH EH12 5HD  
SCOTLAND UK**



Date: 6<sup>th</sup> July, 2002

**TO WHOMSOEVER IT MAY CONCERN**

**Release letter of Mr. Jayesh Srivastava**

This is to certify that Mr. Jayesh Srivastava joined our company on 3<sup>rd</sup> August, 2001 as Technical Engineer. He is hard working, responsible and bears good morale conduct. He is formally relieved from duty on 6th July, 2002.

He was responsible for the continuous design and development of the network infrastructure; use to interact with client for system analysis and design, developing the functional specifications, intermediate product demonstration and client approvals.

We wish him all the best for his career and bright future.

Thanking You.

Regards,  
  
K. Venkatakrisna  
Technical Head

**Netxcell Ltd.,**

3-5-798, 4th Floor, Prathima Scholass, Opp : Bharatiya Vidya Bhavan, King Koti,  
Hyderabad - 500 029. Ph: +91 40 55636600 Fax : +91 40 55636610  
Web Site: [www.netxcell.com](http://www.netxcell.com); WAP Site: <http://mobile.netxcell.com/index.wml>



July 21, 2010

USDHS/USCIS  
Texas Service Center  
P.O. Box 852135  
Mesquite, TX 75185

**RE: FORM I-140 FOR JAYESH SRIVASTAVA**

Dear Sir or Madam:

This letter is to confirm our company employs more than 200 individuals. Most importantly, this letter is to certify that we had, and continue to have, the ability to pay the proffered wage as of the I-140 filing date.

I am a designated company financial officer who is authorized to sign this letter on the company's behalf.

Please feel free to contact our office if you should require additional information.

Sincerely,

A handwritten signature in cursive script, appearing to read "Chithra Suresh", written over a horizontal line.

Chithra Suresh  
Financial Officer



U.S. Citizenship and Immigration Services

I-797A, Notice of Action



RECEIPT NUMBER EAC-09-244-51077		CASE TYPE I129
RECEIPT DATE September 14, 2009	PRIORITY DATE	PETITION FOR A NONIMMIGRANT WORKER
NOTICE DATE October 5, 2009	PAGE 1 of 1	PETITIONER FIRST TEK TECHNOLOGIES INC
		BENEFICIARY SRIVASTAVA, JAYESH

FIRST TEK TECHNOLOGIES INC  
C/O RASIKA KAPSHIKAR MANAGER-HR AND  
622 GEORGES ROAD 102  
NORTH BRUNSWICK NJ 08902

Notice Type: Approval Notice  
Class: H1B  
Valid from 10/05/2009 to 08/30/2012

The above petition and change of status have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Any change in employment requires a new petition. Since this employment authorization stems from the filing of this petition, separate employment authorization documentation is not required. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the worker. He or she should keep the right part with his or her Form I-94, *Arrival-Departure Record*. This should be turned in with the I-94 when departing the U.S. The left part is for his or her records. A person granted a change of status who leaves the U.S. must normally obtain a visa in the new classification before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, *Application for Action on an Approved Application or Petition*, with this office to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

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.

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

IMMIGRATION & NATURALIZATION SERVICE  
VERMONT SERVICE CENTER  
75 LOWER WELDEN STREET  
SAINT ALBANS VT 05479-0001  
Customer Service Telephone: (800) 375-5283  
Form I797A (Rev. 09/07/93)N



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

Detach This Half for Personal Records

Receipt # EAC-09-244-51077

I-94# 042003455 12

NAME SRIVASTAVA, JAYESH

CLASS H1B

VALID FROM 10/05/2009 UNTIL 08/30/2012

PETITIONER: FIRST TEK TECHNOLOGIES IN  
622 GEORGES ROAD 102  
NORTH BRUNSWICK NJ 08902

042003455 12

Receipt Number EAC-09-244-51077

Immigration and  
Naturalization Service

I-94

Departure Record

Petitioner: FIRST TEK TEC

14. Family Name SRIVASTAVA	
15. First (Given) Name JAYESH	16. Date of Birth 1979
17. Country of Citizenship INDIA	





		<p>PCC issued for <u>NEW ZEALAND</u></p> <p>REF: USANC <u>0314009</u></p> <p>DATE <u>JUN 11 2009</u></p>	<p>INDIAN AIR SERVICE  ASSISTANT CONSUL GENERAL  CONSULATE GENERAL OF INDIA  NEW YORK</p>




CPSA / PDP	
CPSA / PDP	

B	STAYS / VISAS	STAYS / VISAS	D

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

I-797C, Notice of Action



NOTICE TYPE Rejection Notice		NOTICE DATE July 29, 2010									
CASE TYPE I-140, Immigrant Petition for Alien Worker		USCIS ALIEN NUMBER									
RECEIPT NUMBER SRC1090146973	RECEIVED DATE July 27, 2010	DATE OF BIRTH [REDACTED] 1979	PAGE 1 of 1								
<p>APPLICANT/PETITIONER NAME AND MAILING ADDRESS</p> <p>FIRST TEK TECHNOLOGIES INC C/O DOREEN VILLAVERDE HR MANAGER 1551 S WASHINGTON AVE STE 402A PISCATAWAY, NJ 08854</p> <p>The I-140 you submitted has been received by our office for the following beneficiaries:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Date of Birth</th> <th>Country of Birth</th> <th>Class (If Applicable)</th> </tr> </thead> <tbody> <tr> <td>SRIVASTAVA, JAYESH</td> <td>[REDACTED] /1979</td> <td>India</td> <td></td> </tr> </tbody> </table> <p>Your I-140, fees, and any supporting documentation is being returned to you for the following reason(s):</p> <p>The petition type you are requesting requires the submission of a valid Labor Certification per the form instructions. As such, your petition and supporting documentation are being returned to you. If you have a valid Labor Certification, please resubmit your application/petition with the original Labor Certification. Please refer to the form instructions for additional information.</p> <p>Please be sure to complete the petition fully, submit the appropriate fees, and include all required supporting documentation.</p> <p>If you have questions about possible immigration benefits and services, filing information, or USCIS forms, please call the USCIS National Customer Service Center (NCSC) at 1-800-375-5283. If you are hearing impaired, please call the NCSC TDD at 1-800-767-1833. Please also refer to the USCIS website: <a href="http://www.uscis.gov">www.uscis.gov</a>.</p> <p>If you have any questions or comments regarding this notice or the status of your case, please contact our customer service number.</p> <p>You will be notified separately about any other case you may have filed.</p>				Name	Date of Birth	Country of Birth	Class (If Applicable)	SRIVASTAVA, JAYESH	[REDACTED] /1979	India	
Name	Date of Birth	Country of Birth	Class (If Applicable)								
SRIVASTAVA, JAYESH	[REDACTED] /1979	India									
<p>USCIS OFFICE ADDRESS</p> <p>USCIS P. O. Box 660867 Dallas, TX 75266</p>		<p>USCIS CUSTOMER SERVICE NUMBER (800)375-5283 APPLICANT COPY</p> 									

TRN# 2010203001550

BIN# 2800425

- *Please save this notice for your records. Please enclose a copy if you have to write us or a U. S. Consulate about this case, or if you file another application based on this decision.*
- *You will be notified separately about any other applications or petitions you have filed.*

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### *Additional Information*

#### **GENERAL.**

The filing of an application or petition does not in itself allow a person to enter the United States and does not confer any other right or benefit.

#### **INQUIRIES.**

You should contact the office listed on the reverse side of this notice if you have questions about the notice, or questions about the status of your application or petition. *We recommend you call.* However, if you write us, please enclose a copy of this notice with your letter.

#### **APPROVAL OF NONIMMIGRANT PETITION.**

Approval of a nonimmigrant petition means that the person for whom it was filed has been found eligible for the requested classification. If this notice indicated we are notifying a U.S. Consulate about the approval for the purpose of visa issuance, and you or the person you filed for have questions about visa issuance, please contact the appropriate U.S. Consulate directly.

#### **APPROVAL OF AN IMMIGRANT PETITION.**

Approval of an immigrant petition does not convey any right or status. The approved petition simply establishes a basis upon which the person you filed for can apply for an immigrant or fiance(e) visa or for adjustment of status.

A person is not guaranteed issuance of a visa or a grant of adjustment simply because this petition is approved. Those processes look at additional criteria.

If this notice indicates we have approved the immigrant petition you filed, and have forwarded it to the Department of State Immigrant Visa Processing Center, that office will contact the person you filed the petition for directly with information about visa issuance.

In addition to the information on the reverse of this notice, the instructions for the petition you filed provide additional information about processing after approval of the petition.

For more information about whether a person who is already in the U.S. can apply for adjustment of status, please see Form I-485, *Application to Register Permanent Residence or Adjust Status*.



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PISCATAWAY, NJ  
AUG 09 2010 08:54  
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lb. ozs.	Mo. Day	08	08	\$	\$
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	2nd Day	08	08	Acceptance Entry Fee	
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FROM: (PLEASE PRINT) PHONE (732) 745-0107  
FIRST TEK TECHNOLOGIES, INC.  
1551 S WASHINGTON AVE, STE 402A  
PISCATAWAY NJ 08854

FOR PICKUP OR TRACKING  
Visit [www.usps.com](http://www.usps.com)  
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PRESS HARD, YOU ARE MAKING 3 COPIES.