



WORLD IT CENTER, INC

mohit@worlditcenter.com

Desk: +1-857-444-0153

H-1B CAP CHECKLIST FOR REGISTRATION

INFORMATION ABOUT THE PROSPECTIVE EMPLOYER

1. Legal Name of Proposed Employer & D/B/A (if applicable):

Address: _____

City: _____

State: _____

Country: _____

Zip Code: _____

Tel: _____ Fax: _____

Email: _____

2. Type of Business: _____

3. Federal Tax ID #: _____

4. Date Established: _____

5. Number of Employees: _____

6. How many employees are on H-1B or L-1: _____

7. Gross annual revenue: _____

8. Name of person signing _____

9. Title of person signing _____



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INFORMATION ABOUT THE BENEFICIARY

1. Last Name: _____
2. First Name: _____
3. Middle Name: _____
4. Date of Birth: _____ (mm/dd/yyyy)
5. Country Of Birth: _____
6. Country Of Nationality (if different from birth) _____
7. Gender: Male _____ Female _____
8. Passport Number: _____
9. Education: If obtained **U.S. Master's** or Higher Degree:
(Major): _____ Year: _____
University: _____
Address _____

*****Required documents from the beneficiary (copies only):**

Degree Diploma & Transcripts (all);
Passport copy (data pages only) with I-94 and visa page (if applicable).

We thank you for using our service.