

# TRAINING/INTERNSHIP PLACEMENT PLAN

Exchange Visitor (surname/primary, given name)			
lal, chuni SEVIS ID:		75498451	
Email Address: chunilal@yopmail.com	Program Sponsor:	ODYSSEY International Exchange	
Category: Intern	Program Number:		
Occupational Category: Hospitality & Tourism	Training/Internship Dates:	03/16/2023 - 05/04/2023	

# **Additional Participant Details**

Current Field of Study/Profession:	BBA	Type of Degree or Certificate:	
Experience in Field:	6	Date Awarded or Expected:	02/02/2006
Host Organization			Phases: 4

Host Organization Name: Address:	HC_saiyaaji "Brew", colombia,, Only large rooms, rajkot,	Employer ID Number: Worker's Comp Policy:	111111222 Yes, Insurance designated
Number of FT Employees Onsite at Location:	Oregon (OR), 24658 20	Worker's Comp for Exchange Visitor:	Yes
Annual Revenue:	\$10 to \$25 Million	Exchange Visitor Hours per week:	32
Website URL:	www.perissia.com	Stipend:	Yes, 10.00 Per Hour
Main Program Supervisor/POC:	Rana Pratap, Maha HC Root Maha_rana_pratap@yopmail.com Phone: 454-547-8454 (54545) Fax: 545-454-5454	Non-Monetary Compensation Value:	

# Certifications

Trainee/Intern	I certify that:
	1. I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP);
	2. I am entering into this Exchange Visitor Program in order to participate as a Trainee or Intern as delineated in this T/IPP and not simply to engage in labor or work within the United States.
	3. I understand that the intent of the Exchange Visitor Program is to allow me to enhance my skills and gain exposure to U.S. culture and business in a way that will be useful to me when I return home upon completion of my program.
	<ol> <li>I understand that my internship/training will take place only at the organization listed on this T/IPP and that working at another organization while on the Exchange Visitor Program is prohibited.</li> </ol>
	5. I will contact the Sponsor at the earliest available opportunity regarding any concerns, changes in, or deviations from this T/IPP.
	6. I will respond in a timely way to all inquiries and monitoring activities of my sponsor.
	7. I will follow all of my sponsor's guidelines required for my participation in my program.
	8. I will contact the U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) at the earliest possible opportunity if I believe that my sponsor or supervisor (as set forth on page 3, section 4), is not providing me with a legitimate internship or training, as delineated on my T/IPP; and
	9. I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.
	Date:

Signature of Ial, chuni

nuni		SEVIS ID: <b>75498451</b>
Sponsor	<ol> <li>I have reviewed, understand, and will ensure that the Supervisor (as set forth Placement Plan (T/IPP) regarding the Trainee or Intern listed above;</li> <li>I will notify the designated U.S. Department of State's Bureau of Educational opportunity regarding any concerns about, changes in, or deviations from this not limited to, changes of Supervisor or host organization;</li> <li>I will achere to all applicable regulatory provisions that govern this program ( following:         <ul> <li>a. I will ensure that the Trainee or Intern named in this T/IPP receives contil knowledgeable staff;</li> <li>b. I have confirmed with the Supervisor or host organization representative personnel will be available to provide the specified training or internship p</li> <li>c. I will ensure that the Trainee or Intern named in this T/IPP obtains skills, activities such as classroom training, seminars, rotation through several o and similar learning activities, as appropriate in specific circumstances</li> <li>d. I will ensure that the Trainee or Intern named in this T/IPP does not displ workers or serve to fill a labor needed and ensure that the position that th or Intern in achieving the objectives of his or her participation in this train e. I certify that this training or internship meets all of the requirements of the seq.). I also certify that training or internships in the field of agriculture meters</li> </ul> </li> </ol>	and Cultural Affairs (ECA) at the earliest available s Training/Internship Placement Plan (T/IPP), including, b see 22 CFR Part 62), including, but are not limited to, the nuous on-site supervision and mentoring by experienced that sufficient resources, plant, equipment, and trained orogram set forth in this T/IPP; knowledge, and competencies through structured and gu departments, on-the-job training, attendance at conference ace full-or part-time temporary or permanent American the Trainee or Intern fills exists primarily to assist the Train ing or internship program; e Fair Labor Standards Act, as amended (29 U.S.C. 201 et al.
	<ul> <li>Protection Act, as amended (29 U.S.C. 1801 et seq.)</li> <li>f. I will notify the Department of State if I receive information regarding a segnamed in this T/IPP that could be expected to bring the Department of St exchange visitor program into notoriety or disrepute; and</li> <li>g. I declare and affirm under penalty of perjury that the statements and infor knowledge, information and belief. The law provides severe penalties for fact, or using any false document in the submission of this form.</li> </ul> Tan, Eleanor Printed name of Responsible Officer or Alternate Responsible Officer	ate, the Exchange Visitor Program, or the Sponsor's mation made herein are true and correct to the best of m
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PURPOSE: The information solicited on this form will be used to provide clarity of training and intern programs offered by entities designated by the U.S. Department of State to conduct exchange visitor programs; for general statistical use; and to administer the Trainee and Intern categories of the Exchange Visitor Program.

ROUTINE USES: The information on this form may be shared with entities administering the program on behalf of the Department; federal, state, local, or foreign government entities for law enforcement purposes; to members of Congress in response to a request on your behalf. More information on the Routine Uses for the system can be found in the System of Records Notice State-08, Educational and Cultural Exchange Program Records.

DISCLOSURE: Participation in this program is voluntary; however, failure to provide the information may delay or prevent participation in the Exchange Visitor Program.

# Paper Work Reduction Act

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: ECA/EC, SA-5, fifth Floor, U.S. Department of State, Washington, DC 20522.



Phases: 1 of 4

Address: "Brew", colombia, Only large rooms

# TRAINING/INTERNSHIP PLACEMENT PLAN

Exchange Visitor (surname/primary, given name)

lal, chuni	SEVIS ID: 75498451	
Email Address: chunilal@yopmail.com	Program Sponsor: ODYSSEY International E	Exchange
Category: Intern	Program Number: A-B-INT123	
Occupational Category: Hospitality & Tourism	Training/Internship Dates: 03/16/2023 - 05/04/2023	

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## **Host Organization**

Host Organization Name: lorem 1

# Phase Name: Iorem 1

Training/Internship Field:	Culinary/Pastry	Supervisor:	Rana Pratap, Maha
Start Date:	02/01/2023		HC Root
End Date:	02/28/2023		Maha_rana_pratap@yopmail.com
			Phone: 454-547-8454 (54545)
			Fax: 545-454-5454

### Description of Trainee/Intern's role for this Program or Phase

#### What is Lorem Ipsum?

Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry's standard dummy text ever since the 1500s, when an unknown printer took a galley of type and scrambled it to make a type specimen book. It has survived not only five centuries, but also the leap into electronic typesetting, remaining essentially unchanged. It was popularised in the 1960s with the release of Letraset sheets containing Lorem Ipsum passages, and more recently with desktop publishing software like Aldus PageMaker including versions of Lorem Ipsum.

### Why do we use it?

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### Specific Goals and Objectives for this Program or Phase

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# Please list the names and titles of those who will provide continuous (for example, daily) supervision of the Trainee/Intern, including the primary supervisor. What are these persons' qualifications to teach the planned learning?

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### What plans are in place for the Trainee/Intern to participate in cultural activities while in the United States?

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### What specific knowledge skills, or techniques will be learned?

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# lal, chuni

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# How specifically will these knowledge, skills, or techniques be taught? Include specific tasks and activities (Interns) and/ or methodology of training and chronology/syllabus (Trainees).

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# How will the Trainee/Intern's acquisition of new skills and competencies be measured?

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### Additional Phase Remarks

what's?

### Certifications

Phase Supervisor	I certify that:
	1. I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP);
	<ol> <li>I will contact the Sponsor at the earliest possible opportunity if I believe that the Trainee or Intern is not receiving the type of training delineated on this T/IPP;</li> </ol>
	3. I will actively support the Sponsor by adhering to all applicable regulatory provisions that govern this program (see 22 CFR Part 62);
	<ol> <li>The Trainee or Intern named in this T/IPP will not displace full-or part-time, seasonal or permanent American workers, or serve to fill a labo need;</li> </ol>
	5. I will conduct the required periodic evaluations of the Trainee or Intern named in this T/IPP;
	<ol> <li>I will notify the designated Sponsor contact at the earliest available opportunity regarding any concerns about, changes in, or deviations fro this T/IPP.</li> </ol>
	7. I will notify the Sponsor in the event of an emergency involving the Trainee or Intern named in this T/IPP, as well as any information that I receive about the Trainee or Intern that might have an effect on that exchange visitor's health, safety, or welfare;
	8. I will notify the Sponsor if I receive information regarding a serious problem or controversy involving the Trainee or Intern named in this T/IF that could be expected to bring the Department of State, the Exchange Visitor Program, or the Sponsor's exchange visitor program into notoriety or disrepute:
	<ol> <li>I am participating in this Exchange Visitor Program in order to provide the Trainee or Intern named in this T/IPP with training or an internshi as delineated in this T/IPP;</li> </ol>
	10. I certify that this training or internship meets all the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq.) I als certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal Worker Protection Act, as amended (29 U.S.C. 1801 et seq.).
	11. I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

Date:

Signature of Rana Pratap, Maha



# TRAINING/INTERNSHIP PLACEMENT PLAN

Exchange Visitor (surname/primary, given name)

lal, chuni	SEVIS ID:	75498451
Email Address: chunilal@yopmail.com	Program Sponsor:	ODYSSEY International Exchange
Category: Intern	Program Number:	
Occupational Category: Hospitality & Tourism	Training/Internship Dates:	03/16/2023 - 05/04/2023

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# **Host Organization**

Host Organization Name: lorem 2

# Phase Name: Iorem 2

Training/Internship Field:	Culinary/Pastry	Supervisor:	Rar
Start Date:	03/01/2023		HC
End Date:	04/30/2023		Ma
			Pho

### Description of Trainee/Intern's role for this Program or Phase

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#### Specific Goals and Objectives for this Program or Phase

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### What plans are in place for the Trainee/Intern to participate in cultural activities while in the United States?

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### What specific knowledge skills, or techniques will be learned?

Phases: 2 of 4

 Rana Pratap, Maha HC Root Maha\_rana\_pratap@yopmail.com Phone: 454-547-8454 (54545) Fax: 545-454-5454

Address: street3

# lal, chuni

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# How specifically will these knowledge, skills, or techniques be taught? Include specific tasks and activities (Interns) and/ or methodology of training and chronology/syllabus (Trainees).

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### Additional Phase Remarks

what's?

# Certifications

lal, chuni	SEVIS ID: 75498451

Phase Supervisor

# I certify that:

- 1. I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP);
- I will contact the Sponsor at the earliest possible opportunity if I believe that the Trainee or Intern is not receiving the type of training delineated on this T/IPP;
- 3. I will actively support the Sponsor by adhering to all applicable regulatory provisions that govern this program (see 22 CFR Part 62);
- 4. The Trainee or Intern named in this T/IPP will not displace full-or part-time, seasonal or permanent American workers, or serve to fill a labor need;
- 5. I will conduct the required periodic evaluations of the Trainee or Intern named in this T/IPP;
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- 7. I will notify the Sponsor in the event of an emergency involving the Trainee or Intern named in this T/IPP, as well as any information that I receive about the Trainee or Intern that might have an effect on that exchange visitor's health, safety, or welfare;
- I will notify the Sponsor if I receive information regarding a serious problem or controversy involving the Trainee or Intern named in this T/IPP that could be expected to bring the Department of State, the Exchange Visitor Program, or the Sponsor's exchange visitor program into notoriety or disrepute;
- 9. I am participating in this Exchange Visitor Program in order to provide the Trainee or Intern named in this T/IPP with training or an internship as delineated in this T/IPP;
- 10. I certify that this training or internship meets all the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq.) I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal Worker Protection Act, as amended (29 U.S.C. 1801 et seq.).
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Date:

Signature of Rana Pratap, Maha



Phases: 3 of 4

Address: "Brew", colombia, Only large rooms

# TRAINING/INTERNSHIP PLACEMENT PLAN

Exchange Visitor (surname/primary, given name)

lal, chuni	SEVIS ID:	75498451
Email Address: chunilal@yopmail.com	Program Sponsor:	ODYSSEY International Exchange
Category: Intern	Program Number:	
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## **Host Organization**

Host Organization Name: lorem 3

# Phase Name: Iorem 3

Training/Internship Field:	Culinary/Pastry	Supervisor:	hkjb, kiih
Start Date:	05/01/2023		hiujk
End Date:	05/31/2023		kiih@yopmail.com
			Phone: 589-656-4564

### Description of Trainee/Intern's role for this Program or Phase

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### Specific Goals and Objectives for this Program or Phase

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### What specific knowledge skills, or techniques will be learned?

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### what's?

### How will the Trainee/Intern's acquisition of new skills and competencies be measured?

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### **Additional Phase Remarks**

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	<ol> <li>I am participating in this Exchange Visitor Program in order to provide the Trainee or Intern named in this T/IPP with training or an internship as delineated in this T/IPP;</li> </ol>
	10. I certify that this training or internship meets all the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq.) I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal Worker Protection Act, as amended (29 U.S.C. 1801 et seq.).
	<ol> <li>I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.</li> </ol>
	Date:
	Signature of hkjb, kiih mm/dd/yyyy



# TRAINING/INTERNSHIP PLACEMENT PLAN

Exchange Visitor (surname/primary, given name)

lal, chuni	SEVIS ID: 75498451	
Email Address: chunilal@yopmail.com	Program Sponsor: ODYSSEY Internation	nal Exchange
Category: Intern	Program Number: A-B-INT123	
Occupational Category: Hospitality & Tourism	Training/Internship Dates: 03/16/2023 - 05/04/202	23

Each Training/Internship Placement Plan should cover a definite period of time and should consist of definite phases of training or tasks performed with a specific objective for each phase. The plan must also contain information on how the trainees/interns will accomplish those objectives (e.g. classes, individual instruction, shadowing). Each phase must build upon the previous phase to show a progression in the training/internship. A separate copy of pages 3 and 4 must be completed for each phase if applicable (e.g.; if the trainee/intern is rotating through different departments).

## **Host Organization**

Host Organization Name: lorem 4

### Phase Name: lorem 4

 Training/Internship Field:
 Culinary/Pastry
 Supervisor:
 hkjb, kiih

 Start Date:
 06/01/2023
 hiujk
 hiujk

 End Date:
 07/31/2023
 kiih@yopmail.com

 Phone:
 589-656-4564

### Description of Trainee/Intern's role for this Program or Phase

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#### Specific Goals and Objectives for this Program or Phase

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# Please list the names and titles of those who will provide continuous (for example, daily) supervision of the Trainee/Intern, including the primary supervisor. What are these persons' qualifications to teach the planned learning?

What is Lorem Ipsum?

Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry's standard dummy text ever since the 1500s, when an unknown printer took a galley of type and scrambled it to make a type specimen book. It has survived not only five centuries, but also the leap into electronic typesetting, remaining essentially unchanged. It was popularised in the 1960s with the release of Letraset sheets containing Lorem Ipsum passages, and more recently with desktop publishing software like Aldus PageMaker including versions of Lorem Ipsum.

### Why do we use it?

It is a long established fact that a reader will be distracted by the readable content of a page when looking at its layout. The point of using Lorem Ipsum is that it has a moreor-less normal distribution of letters, as opposed to using 'Content here, content here', making it look like readable English. Many desktop publishing packages and web page editors now use Lorem Ipsum as their default model text, and a search for 'lorem ipsum' will uncover many web sites still in their infancy. Various versions have evolved over the years, sometimes by accident, sometimes on purpose (injected humour and the like).

### What plans are in place for the Trainee/Intern to participate in cultural activities while in the United States?

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### What specific knowledge skills, or techniques will be learned?

what's?

How specifically will these knowledge, skills, or techniques be taught? Include specific tasks and activities (Interns) and/ or methodology of training and chronology/syllabus (Trainees).

Phases: 4 of 4

Address: "Brew", colombia, Only large rooms

#### Exchange Visitor (surname/primary, given name)

lal, chuni

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### How will the Trainee/Intern's acquisition of new skills and competencies be measured?

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### **Additional Phase Remarks**

- When create ds7002 that time enter values with e.g. Bullet sign
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### Certifications

Phase Supervisor	I certify that:
	1. I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP);
	<ol> <li>I will contact the Sponsor at the earliest possible opportunity if I believe that the Trainee or Intern is not receiving the type of training delineated on this T/IPP;</li> </ol>
	3. I will actively support the Sponsor by adhering to all applicable regulatory provisions that govern this program (see 22 CFR Part 62);
	<ol> <li>The Trainee or Intern named in this T/IPP will not displace full-or part-time, seasonal or permanent American workers, or serve to fill a labor need;</li> </ol>
	5. I will conduct the required periodic evaluations of the Trainee or Intern named in this T/IPP;
	<ol> <li>I will notify the designated Sponsor contact at the earliest available opportunity regarding any concerns about, changes in, or deviations from this T/IPP.</li> </ol>
	7. I will notify the Sponsor in the event of an emergency involving the Trainee or Intern named in this T/IPP, as well as any information that I receive about the Trainee or Intern that might have an effect on that exchange visitor's health, safety, or welfare;
	<ol> <li>I will notify the Sponsor if I receive information regarding a serious problem or controversy involving the Trainee or Intern named in this T/IPF that could be expected to bring the Department of State, the Exchange Visitor Program, or the Sponsor's exchange visitor program into notoriety or disrepute;</li> </ol>
	<ol> <li>I am participating in this Exchange Visitor Program in order to provide the Trainee or Intern named in this T/IPP with training or an internship as delineated in this T/IPP;</li> </ol>
	10. I certify that this training or internship meets all the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq.) I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal Worker Protection Act, as amended (29 U.S.C. 1801 et seq.).
	11. I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.
	Date:

Signature of hkjb, kiih