

Application form for XR Startup Program – Accelerator

Startup Name*

Startup Stage*

Entity Type*

Enter Registration Number (if applicable)

Do you have DPIIT Registration Number?*

If yes, please provide a DPIIT registration number

If you don't have DPIIT registration number, state whether your startup is eligible to apply for DPIIT Registration and agrees to register for DPIIT if selected for this program?

Website of the Startup*

Brief Description of Startup*

Explain the use of XR technologies in your startup*

Details of funds raised (include details and amount of bootstrapped, investments, grants, etc.) (If applicable)

Revenue generated in last 12 months in INR (If applicable)

Please mention details of any support received from other incubators / accelerator (If applicable)

Name of Founder who will be PoC for the Program*

Email Address*

Mobile Number*

City of Present Residence*

Please submit the pitch deck in PDF format*

Why do you want to be part of this program?*

Any other information to be provided

* Required Question