

Application Form for XR Startup Program – Grand Challenge

Applicant Type*

Individual Details

Applicant Full Name*

Email ID*

Contact Number*

City of Present Residence*

Which problem statements are being addressed?*

Brief description of the idea or proof of concept. Explain how does it solve for the problems statement selected above?*

Explain use of XR technologies in your solution*

Describe the work you have already undertaken with regards to your solution

Attach a presentation / pitch deck of your idea in PDF format

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

Applying as a Team?*

Name of Team Member(s) (If Applicable)

Startup Details

Startup Name*

Startup Stage*

Entity Type*

Entity Registration Number (if applicable)

DPIIT Registration Number (If applicable)

Brief Description of the Startup*

Website of Startup*

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

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

Which problem statements are being addressed by you?*

Brief description of the idea or proof of concept. Explain how does it solve for the problems statements selected above?*

Explain use of XR technologies in the problem solution*

Name of Founder who will be PoC for the Program*

Email Address*

Contact*

City of Present Residence*

Attach a presentation / pitch deck of your idea in PDF format (optional)

Any other information to be provided

* Required Question