

**AMERICAN INSTITUTE OF INDIAN STUDIES  
REVIEWER WORKSHEET**

\_\_\_\_\_  
AIIS REVIEWER NUMBER

*To the Applicant:* Please type. Fill in all information requested and include with your application.

Applicant's Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

Proposed City of Residence in India: \_\_\_\_\_

Home University/Institution: \_\_\_\_\_

Position: \_\_\_\_\_

*Grant Category:*       Junior                               Senior Long-term                               Senior Short-term  
                                  Senior Performing and Creative Arts       Senior Scholarly/Professional Development

*Discipline (check one only):*

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Anthropology             | <input type="checkbox"/> Archaeology           | <input type="checkbox"/> Architecture      | <input type="checkbox"/> Art               |
| <input type="checkbox"/> Behavioral Sciences      | <input type="checkbox"/> Communications        | <input type="checkbox"/> Cultural Studies  | <input type="checkbox"/> Economics         |
| <input type="checkbox"/> Education                | <input type="checkbox"/> Environmental Studies | <input type="checkbox"/> Ethnomusicology   | <input type="checkbox"/> Film/Photography  |
| <input type="checkbox"/> Gender/Sexuality Studies | <input type="checkbox"/> Geography             | <input type="checkbox"/> History           | <input type="checkbox"/> History of Art    |
| <input type="checkbox"/> History of Science       | <input type="checkbox"/> Linguistics           | <input type="checkbox"/> Literature        | <input type="checkbox"/> Natural Sciences  |
| <input type="checkbox"/> Performance Studies      | <input type="checkbox"/> Performing Arts       | <input type="checkbox"/> Philosophy        | <input type="checkbox"/> Political Science |
| <input type="checkbox"/> Public Health            | <input type="checkbox"/> Public Policy         | <input type="checkbox"/> Religious Studies | <input type="checkbox"/> Sociology         |
| <input type="checkbox"/> Technology Studies       | <input type="checkbox"/> Urban Planning        |  |  |

Project Summary (abstract must fit in this space. Do not attach additional sheets):

*To the Reviewer:* This form is to be returned to AIIS after Selection Committee review. Do not identify yourself on this form. A photocopy may be sent to the applicant. Please rate the application on a scale of 1.0 (lowest) to 5.0 (highest).

Project: \_\_\_\_\_ Academic/Professional Record: \_\_\_\_\_

References: \_\_\_\_\_ FINAL RATING: \_\_\_\_\_

Comments: