

**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 (this is the discipline of your **project** and not your departmental affiliation—you can select one primary and if desired indicate a secondary discipline with the number 2):*

- | | | | |
|---|--|--|--|
| <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):

Please provide up to five short key phrases to describe your project:

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: