

Scoring Sheet Track 2							
Table Number:		Judge Name:					
Team Unique ID:		Team Name:					
Contact:		Mentor Name:					
Age Group: Elementary <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/>						Switch Card Used: 1 st <input type="checkbox"/> , 2 nd <input type="checkbox"/>	
Robot Inspection: Weight <input type="checkbox"/> Dimension <input type="checkbox"/> Power <input type="checkbox"/>							
Sr. No.	Challenges	Activity Points				Secured Points	
		Manual		Autonomous			
		Full Score	Half Score	Full Score	Half Score		
1	Yoga	20	N/A	40	N/A		
2	Mosquito Prevention	10	5	20	10		
3	Organizing Marathon	Traffic Cone 1	10	5	20	10	
		Traffic Cone2	10	5	20	10	
		Bonus	10	N/A	10	N/A	
4	Staying Hydrated	30	15	60	30		
5	Snake Bite Rescue	20	10	40	20		
6	Vaccination	10	5	20	10		
7	Identify the Blood (using AI and ML)	50	25	100	50		
8	Test the Water	Cube 1	10	5	20	10	
		Cube 2	10	5	20	10	
		Cube 3	10	5	20	10	
		Cube 4	10	5	20	10	
Total Challenge Score:							
Fouls (-5 each): ○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○					Total Fouls: (-)		
Total Time Duration of Play (MM:SS):					Final Score:		

Team Declaration:

As the team representative, I acknowledge and accept the score awarded by the Judge as correct. In case of disagreement, I may choose not to sign, but I understand that the Judge's decision remains final.

Team Representative name: _____

Signature:

Judge's Signature: